MDHHS

Michigan Department of Health & Human Services

Home Help Agency Provider Enrollment Instructions

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."

-Provider Relations

Checklist

*****You must complete the application within 30 days of starting it*****

- For anyone who wants to become a *new* Home Help Agency:
  - ❑ Have paper and a writing utensil nearby
  - ❑ Register with SIGMA Financial (Slide 3)
  - ❑ Create a MILogin user ID and password (Slides 4-8)
  - ❑ Gain access to CHAMPS (Slides 9-17)
  - ❑ Fill out the Provider Enrollment Application (Slides 18-67)
  - ❑ Track your Application (Slides 68-75)
  - ❑ Application Approved (Slide 76)

Call the Provider Support Helpline if you need assistance:

1-800-979-4662

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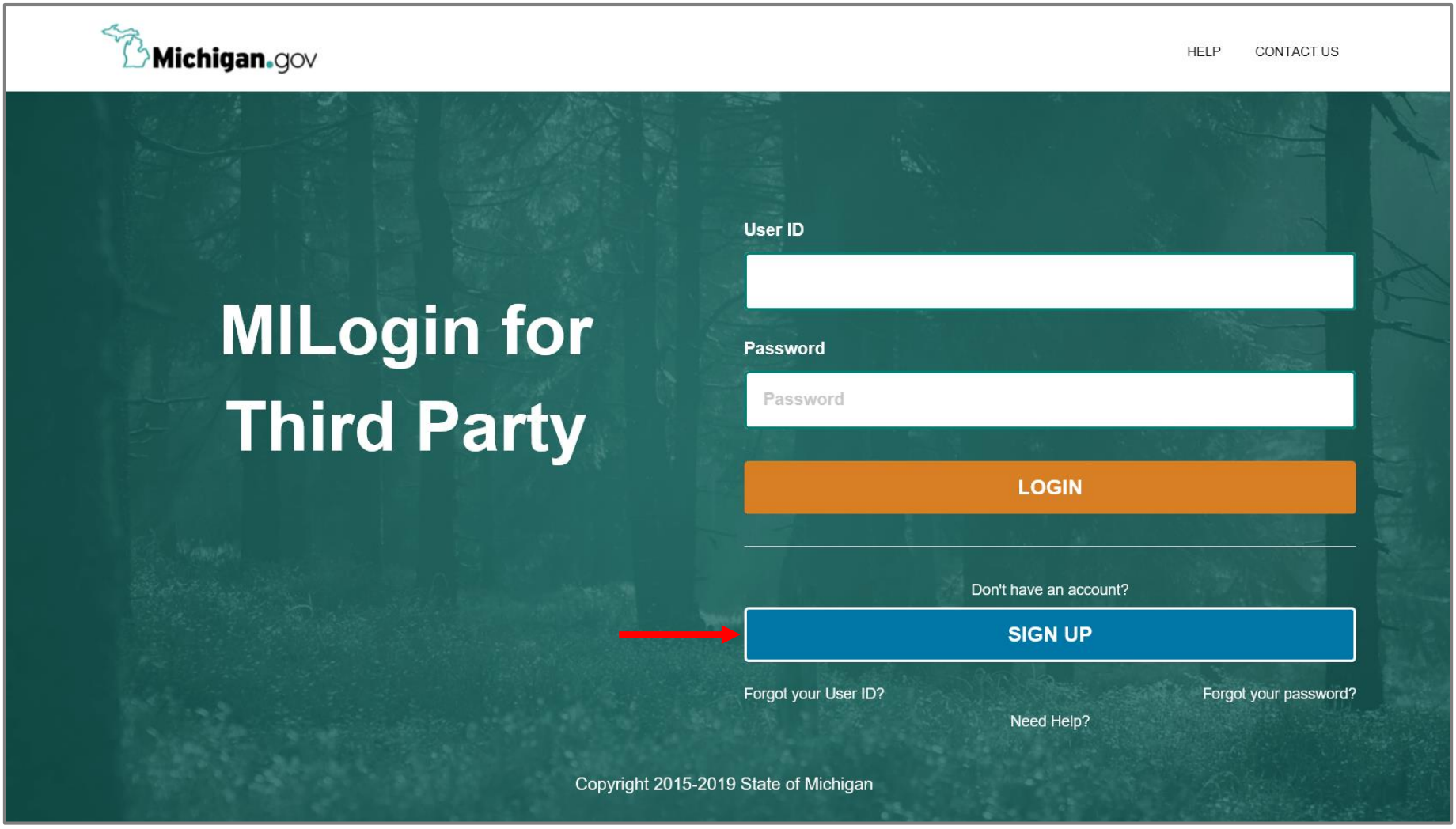
Prior to enrolling in CHAMPS

- Agencies will want to ensure they are enrolled in SIGMA Vendor Self Service(VSS) prior to enrolling within CHAMPS.
  - SIGMA VSS website: www.Michigan.gov/SIGMAVSS
  - If you have questions regarding this current process, contact the Vendor Support Call Center at 1-888-734-9749 or email SIGMA-Vendor@Michigan.gov

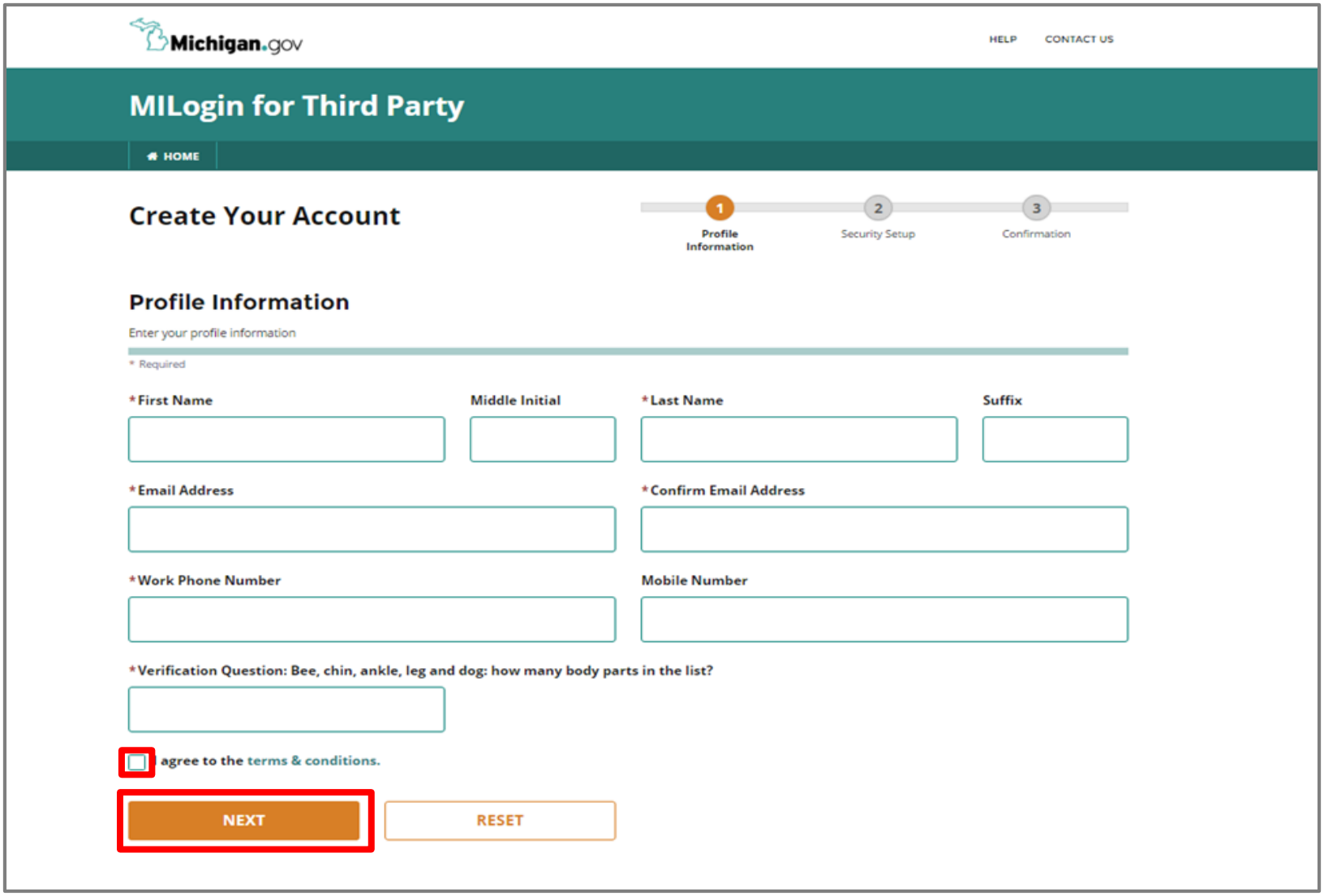
Register for MILogin and CHAMPS

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

CHAMPS (Community Health Automated Medicaid Processing System) is the program where providers enroll, update enrollment information, and report services performed.



- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Click **Sign Up**



- Complete all required fields
- Check the ‘I agree’ box
- Click **Next**

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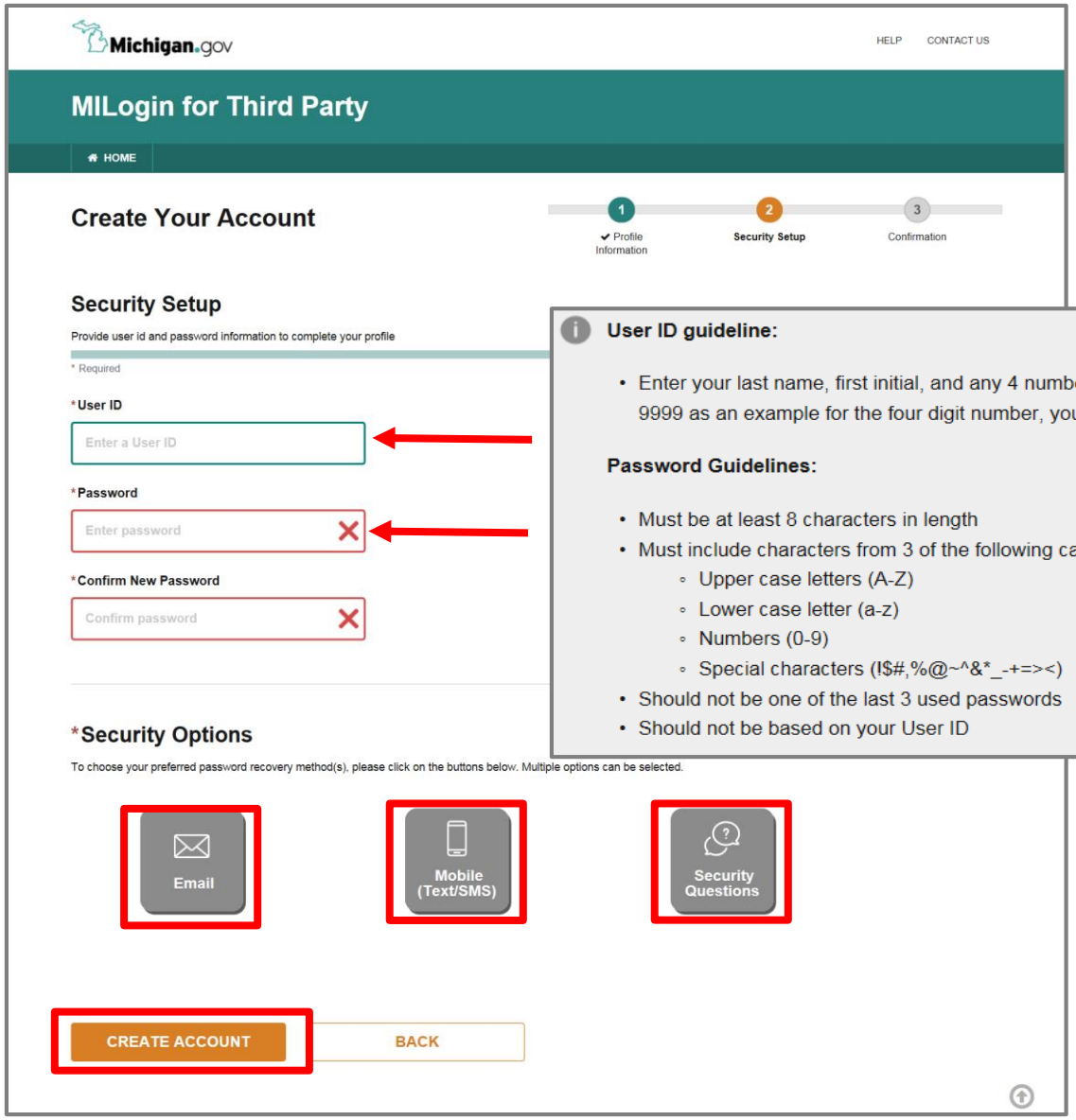
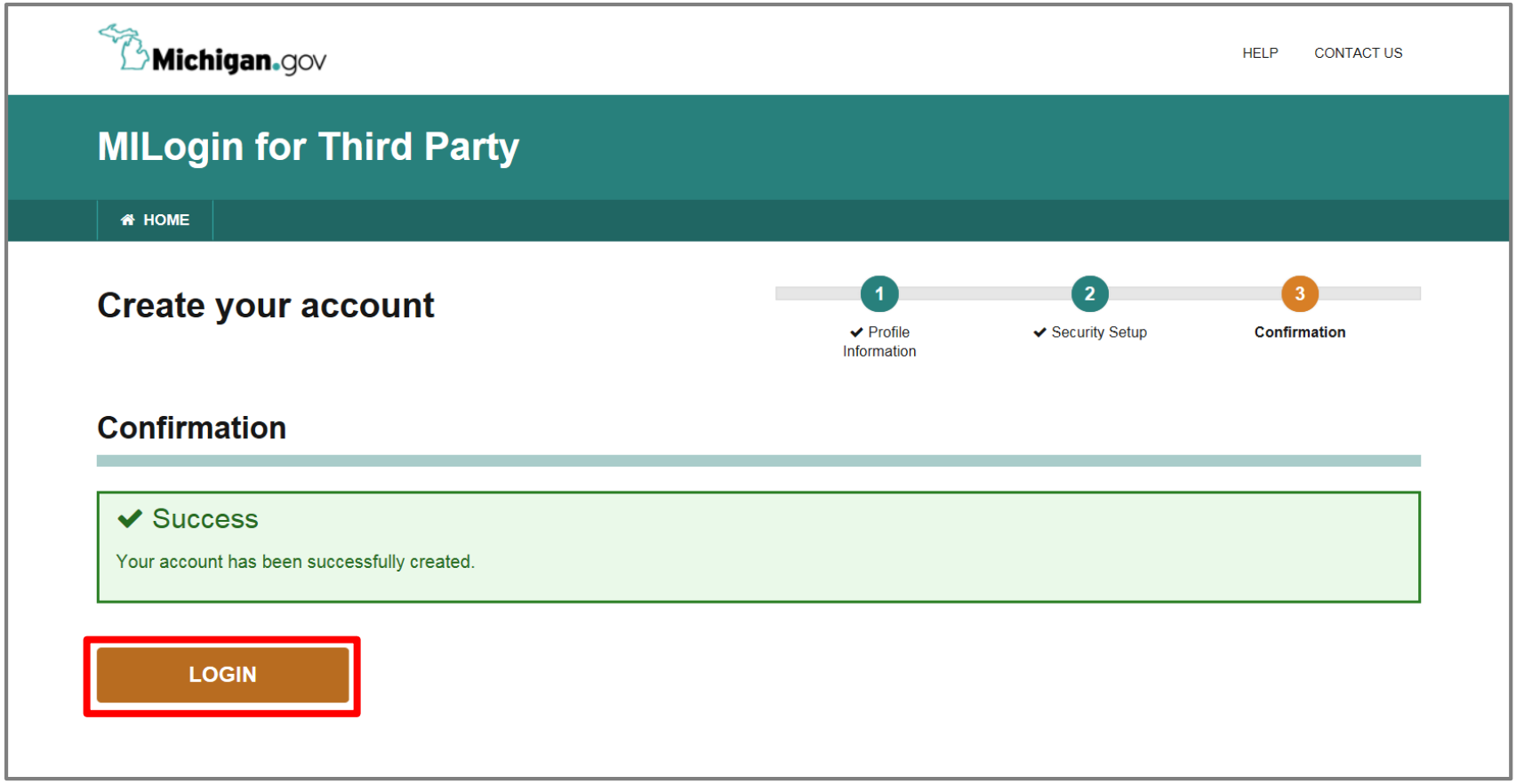


- Create the user ID and password following the listed guidelines
- Select the preferred password recovery method(s)
- Click **Create Account**



- Your MILogin account has now been created successfully
- Click the **Login** button to return to the login screen

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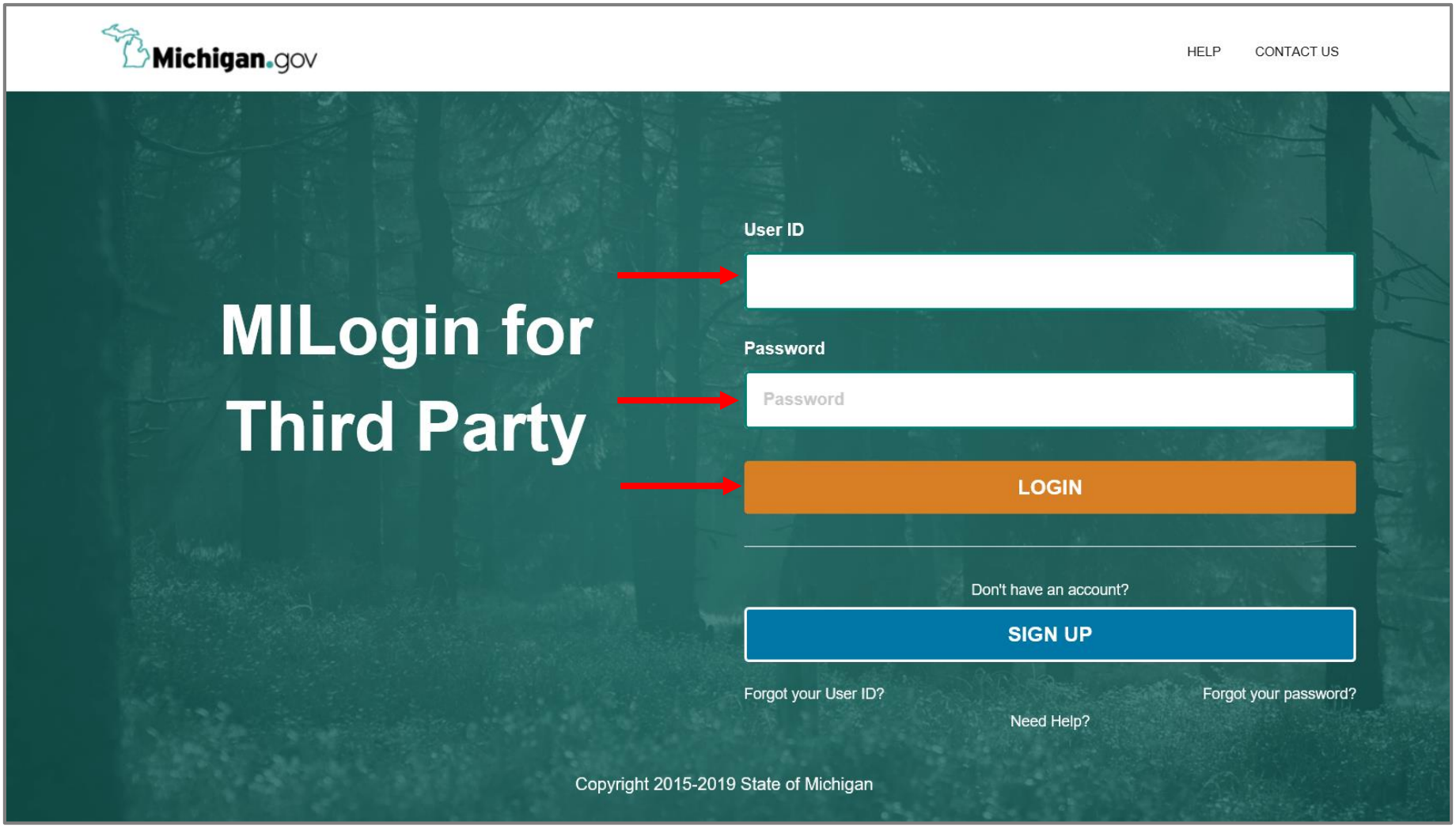
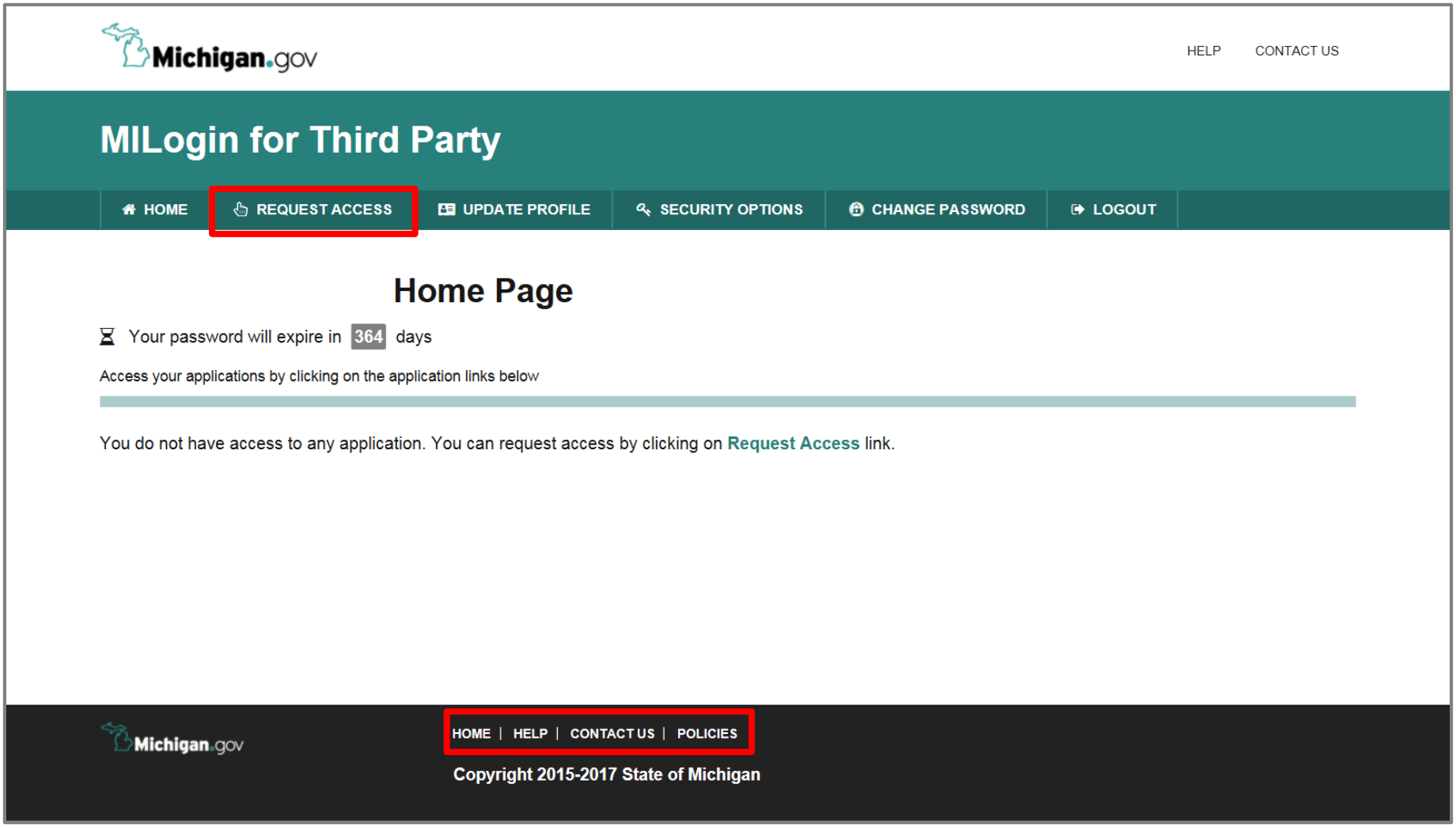
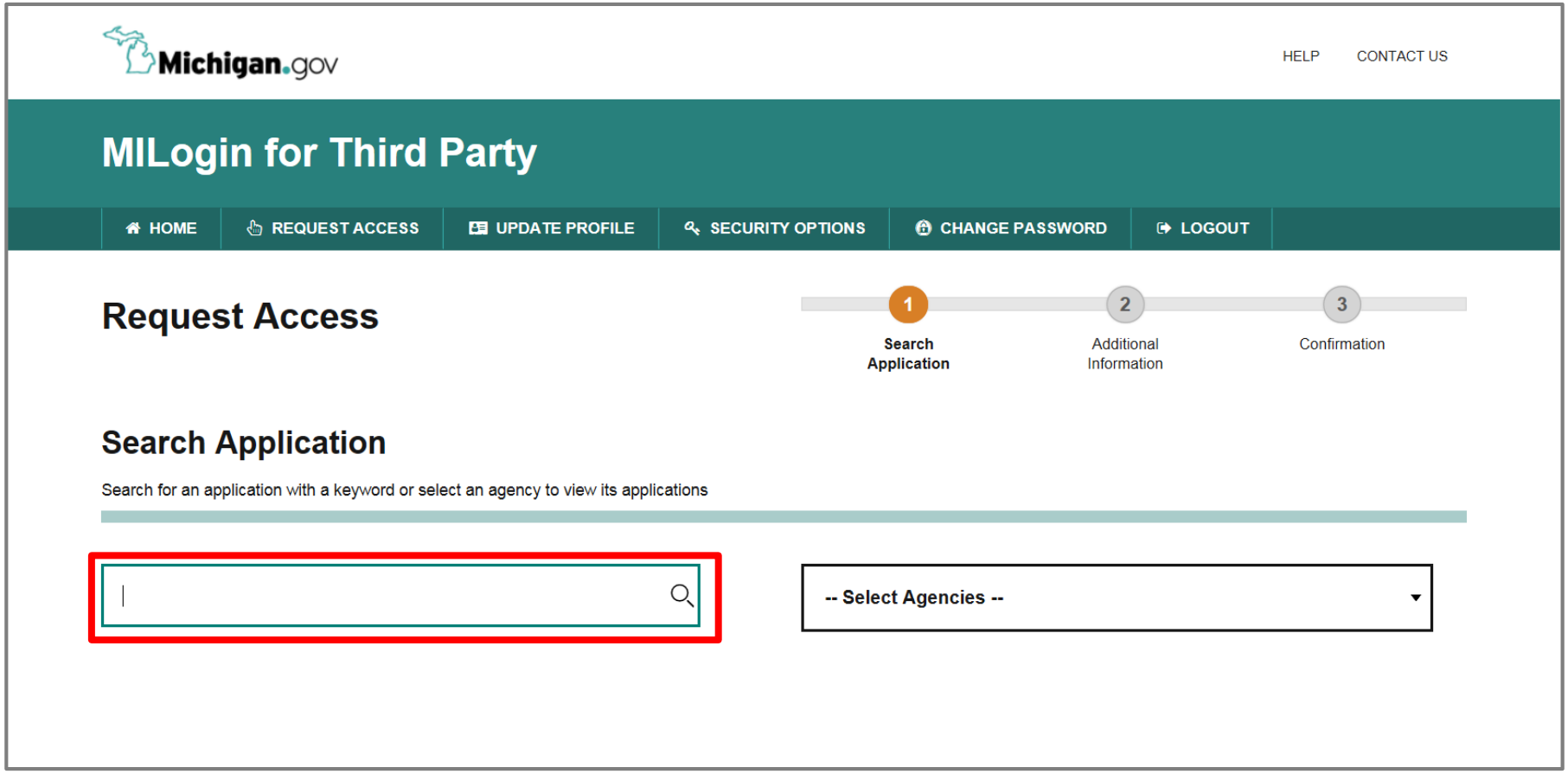


- Enter your **User ID** and **Password** you just created
- Click **Login**

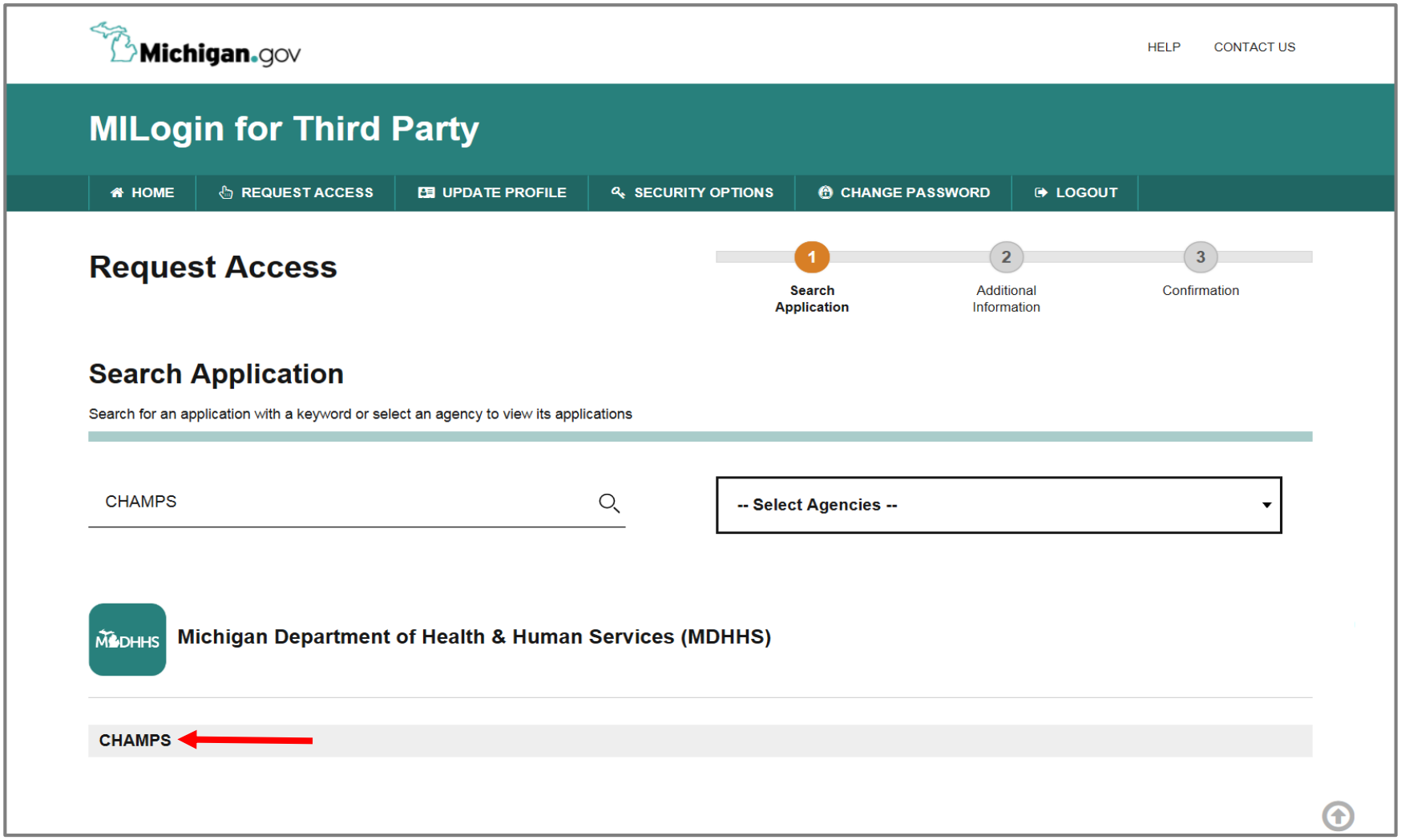


- Your Home Page will not show any applications
- Click **Request Access**

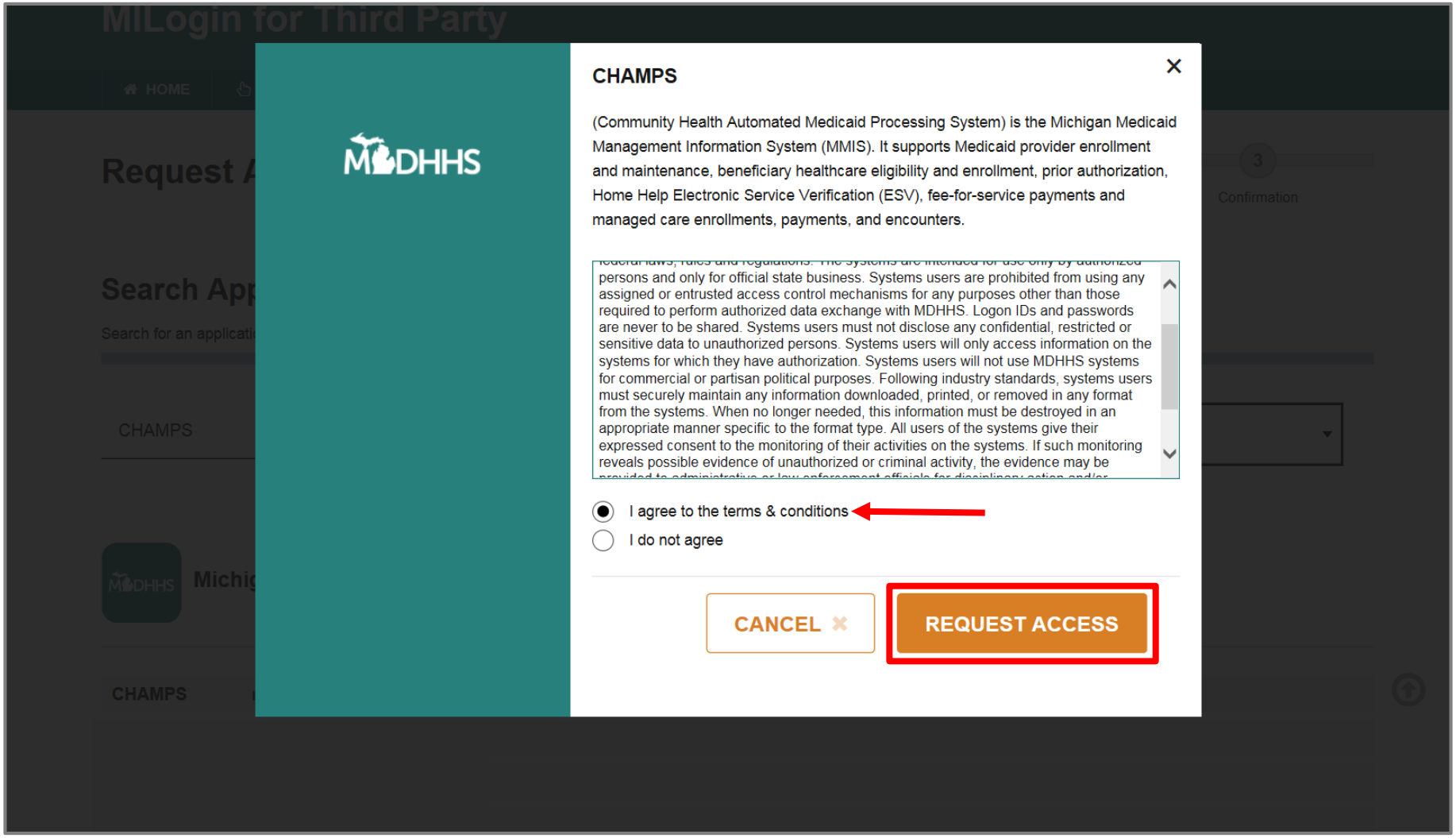
**MILogin resource links are listed at the bottom of the page*



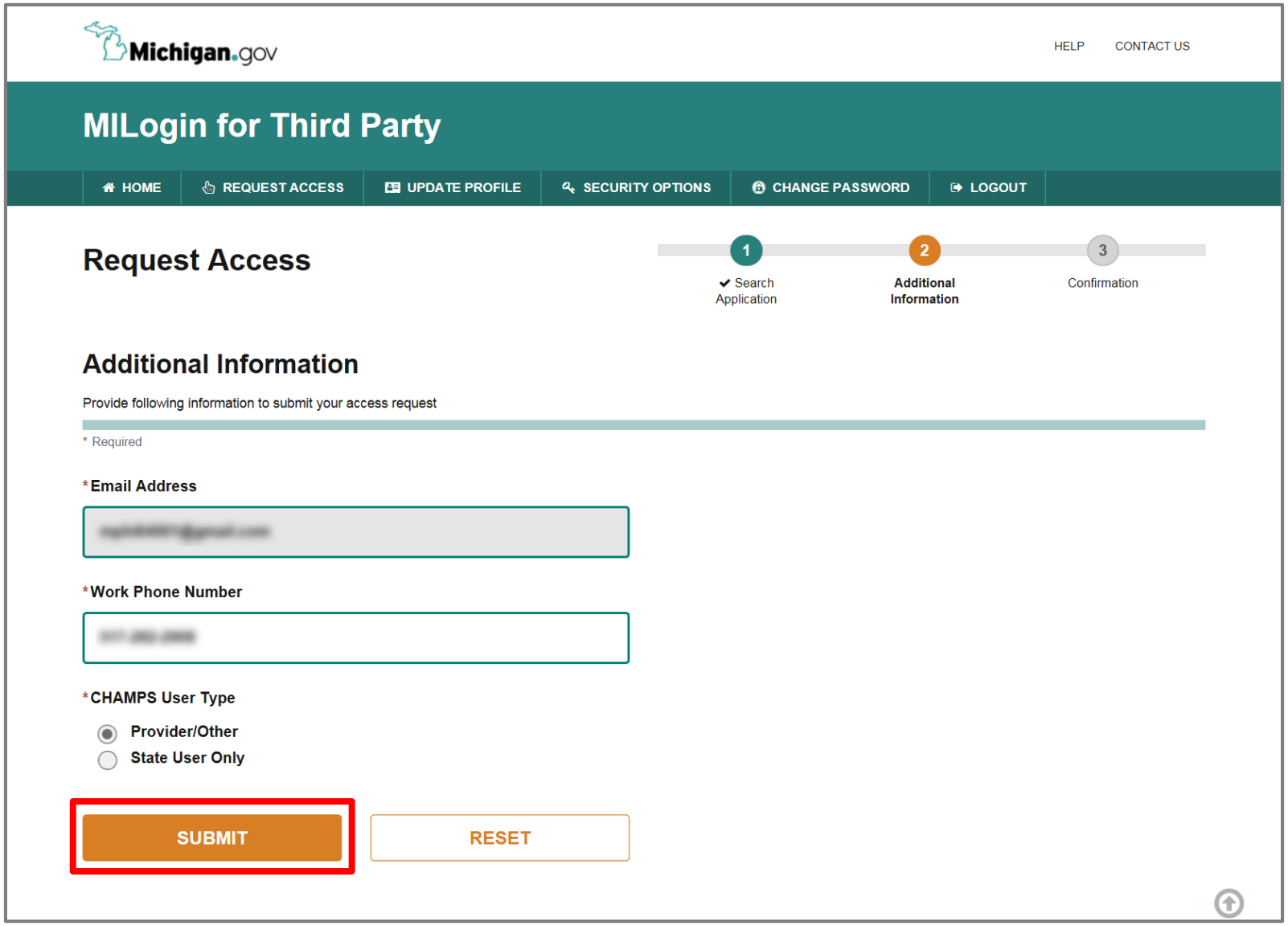
- Type **CHAMPS** in the search box
- Click the search/magnifying glass button



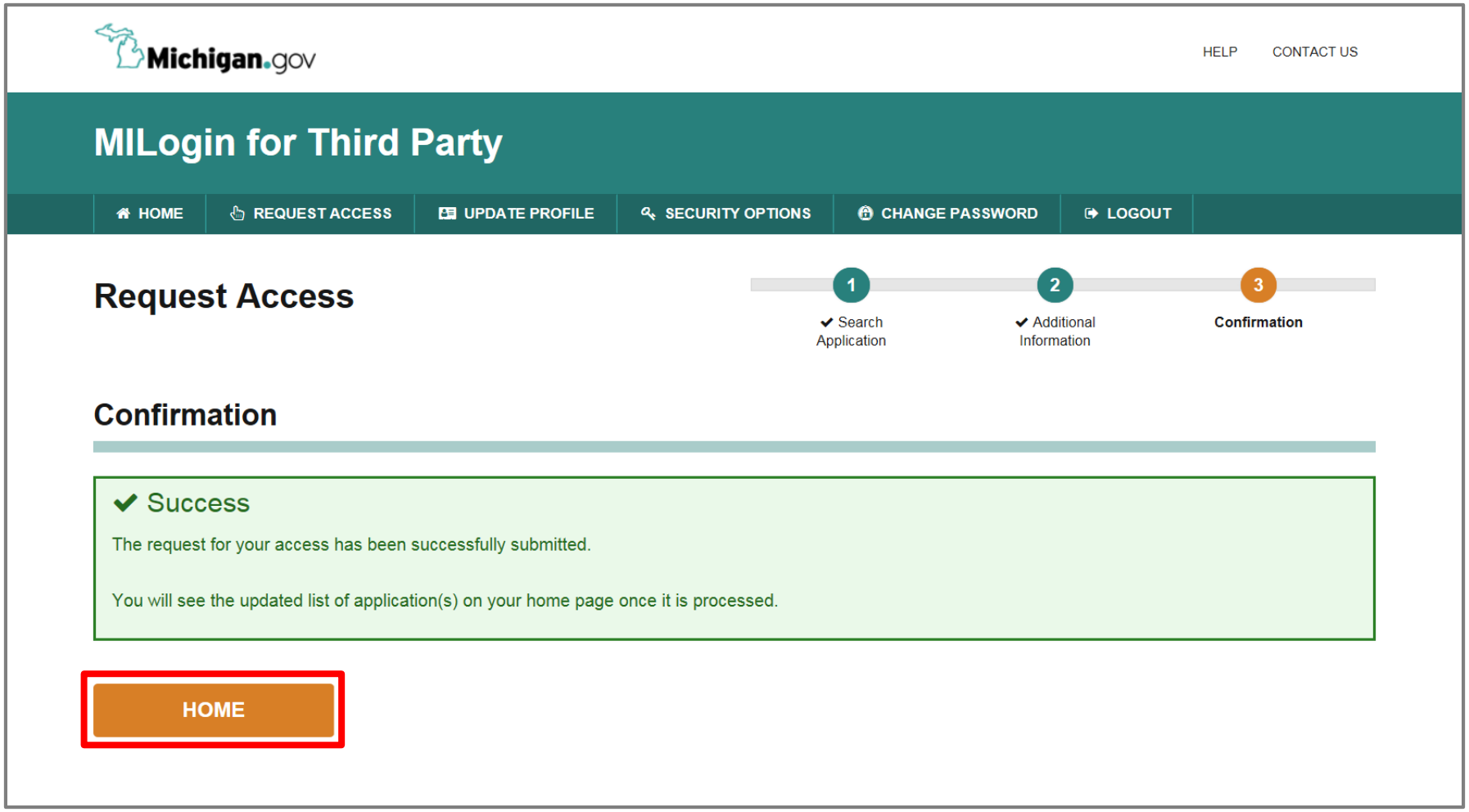
- Click on **CHAMPS**



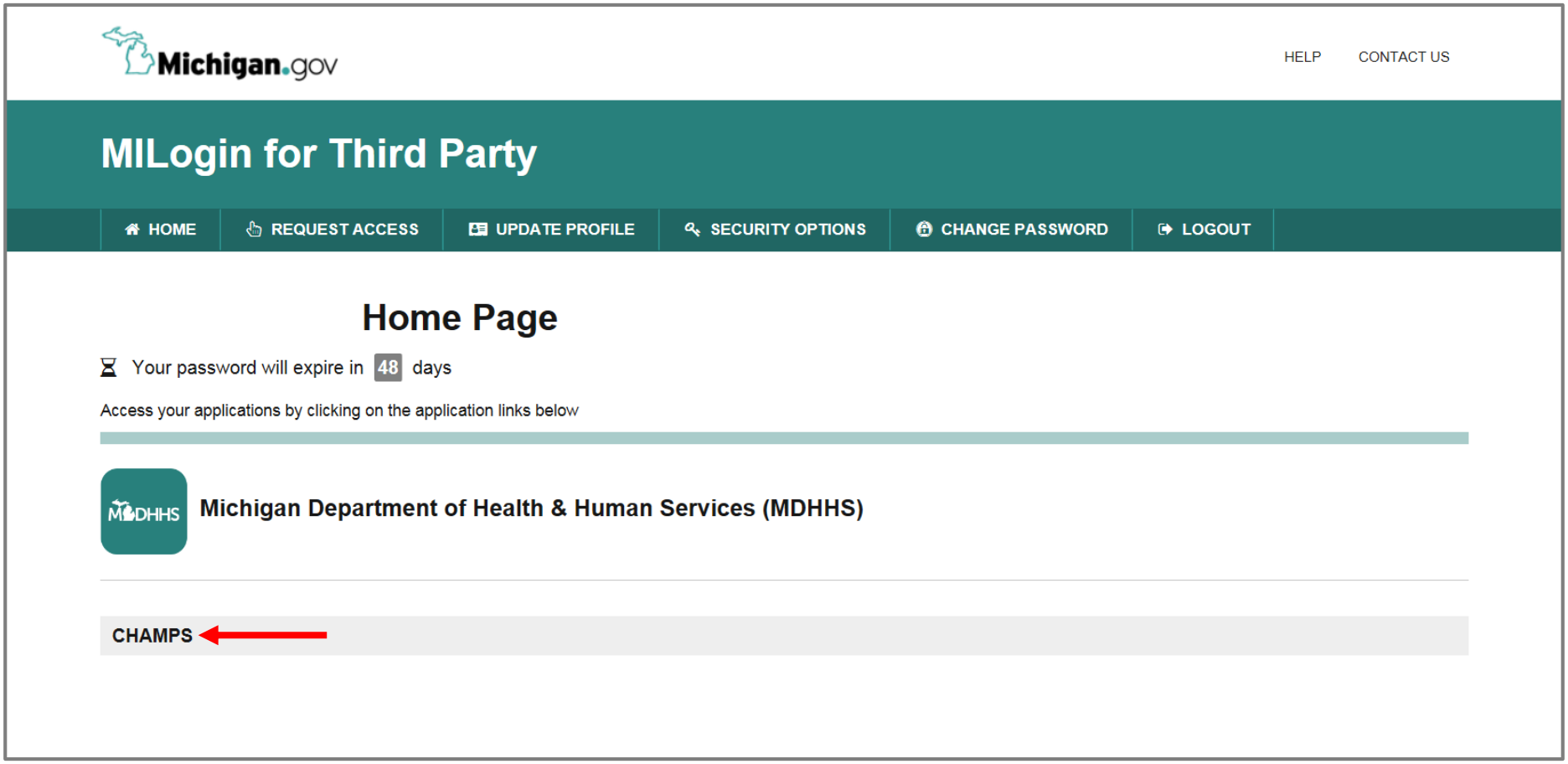
- Select the ‘I agree to the terms & conditions’ radio button
- Click **Request Access**



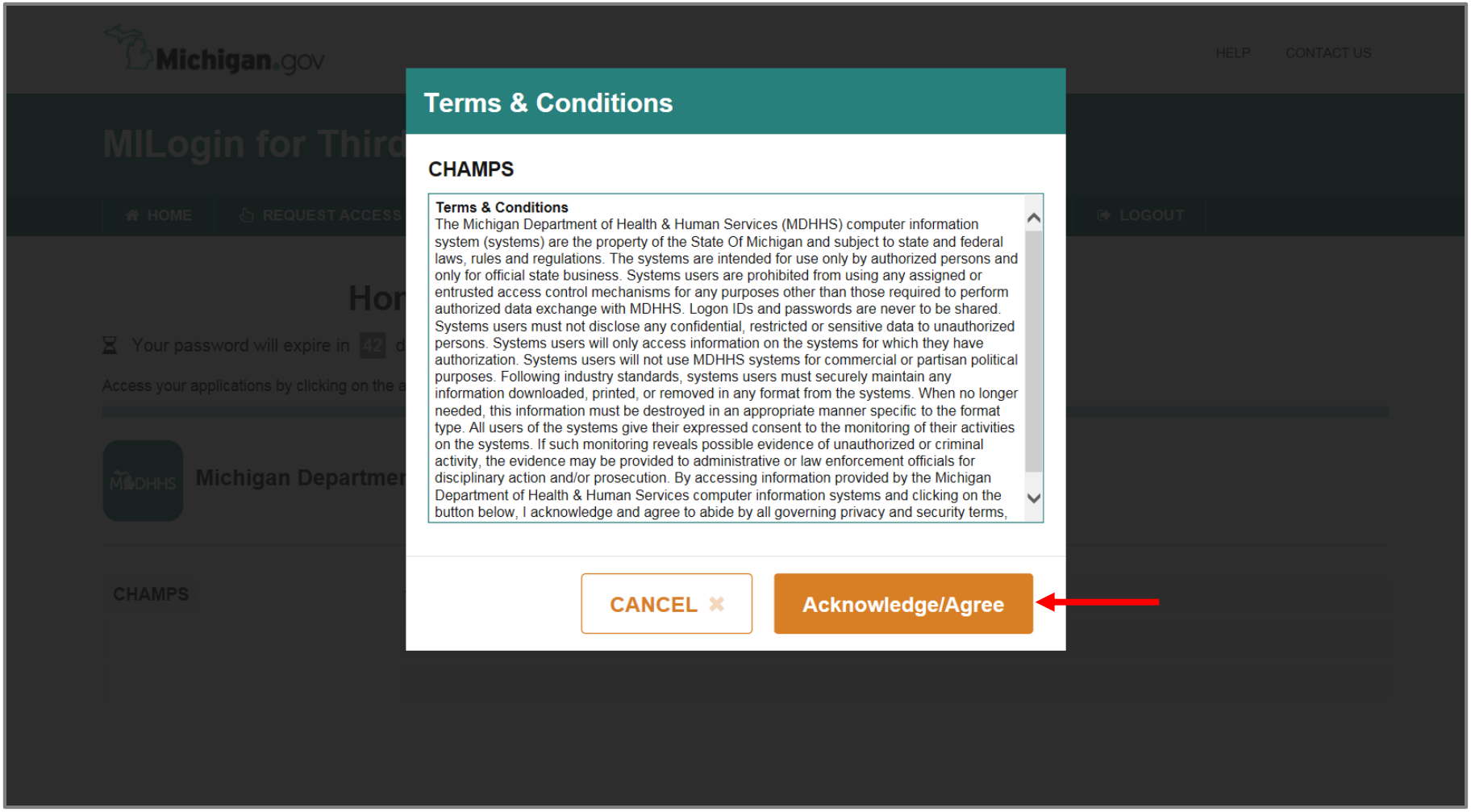
- Verify all information is correct
- Click **Submit**



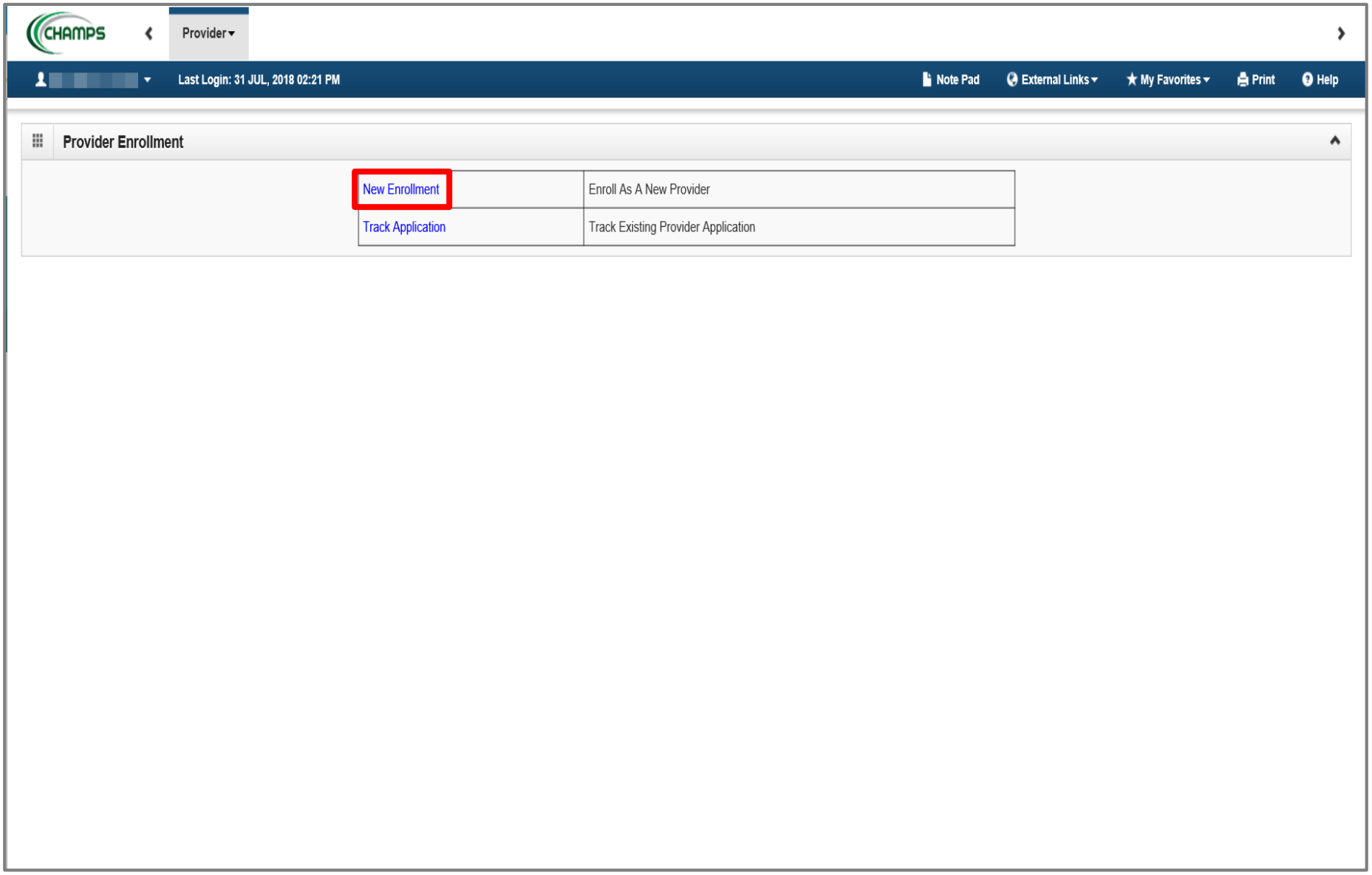
- You will be given confirmation that your request has been submitted successfully
- Click the **Home** button to return to the MILogin Home Page



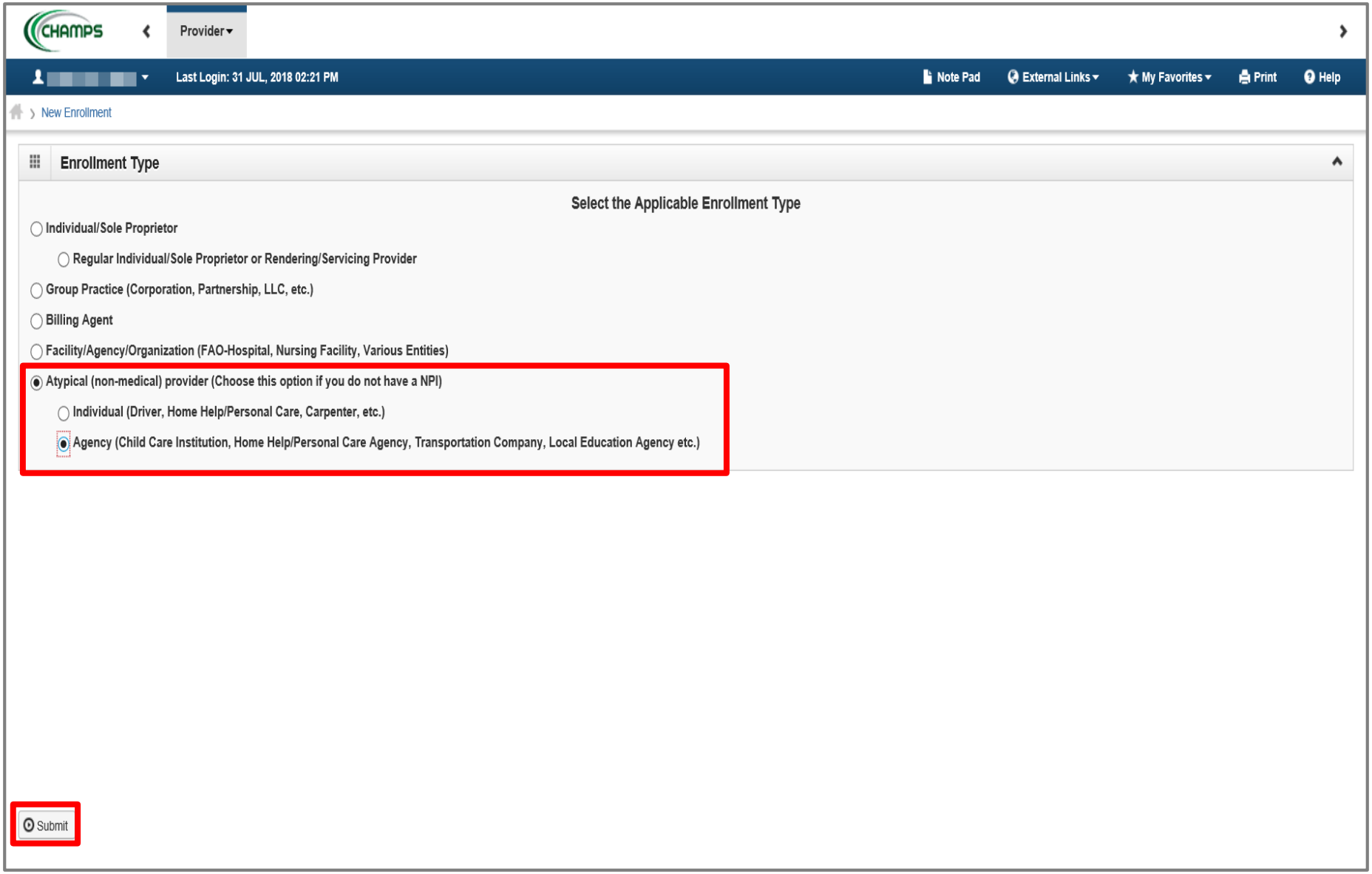
- You will be directed back to your MILogin Home Page. You will need to log out completely and log back in for CHAMPS to appear.
- Click the **CHAMPS** hyperlink.



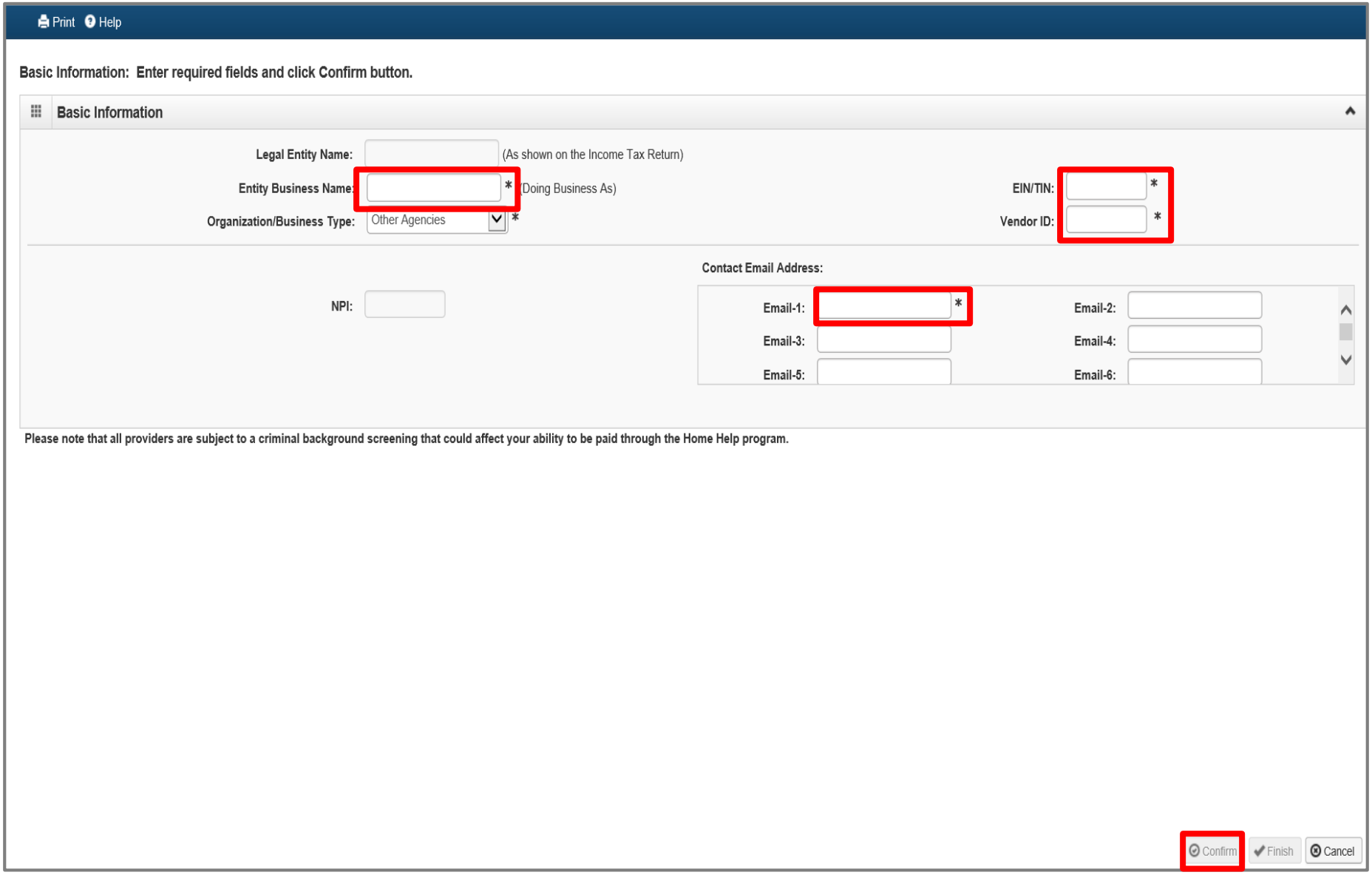
- Click '**Acknowledge/Agree'** button to accept the Terms & Conditions to get into CHAMPS



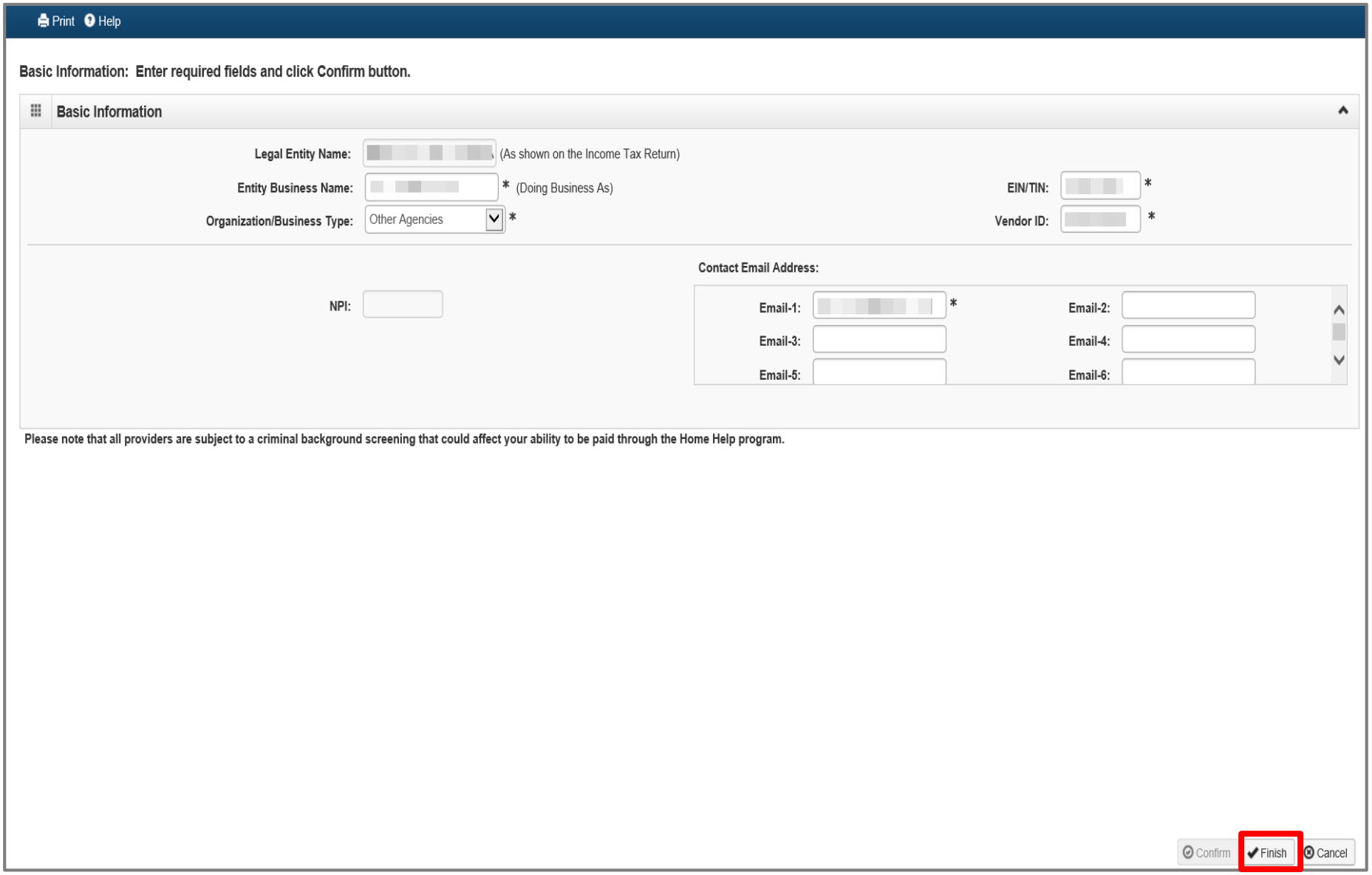
- Click **New Enrollment**.



- Click **Atypical (non-medical) provider**.
- Click **Agency**.
- Click **Submit**.

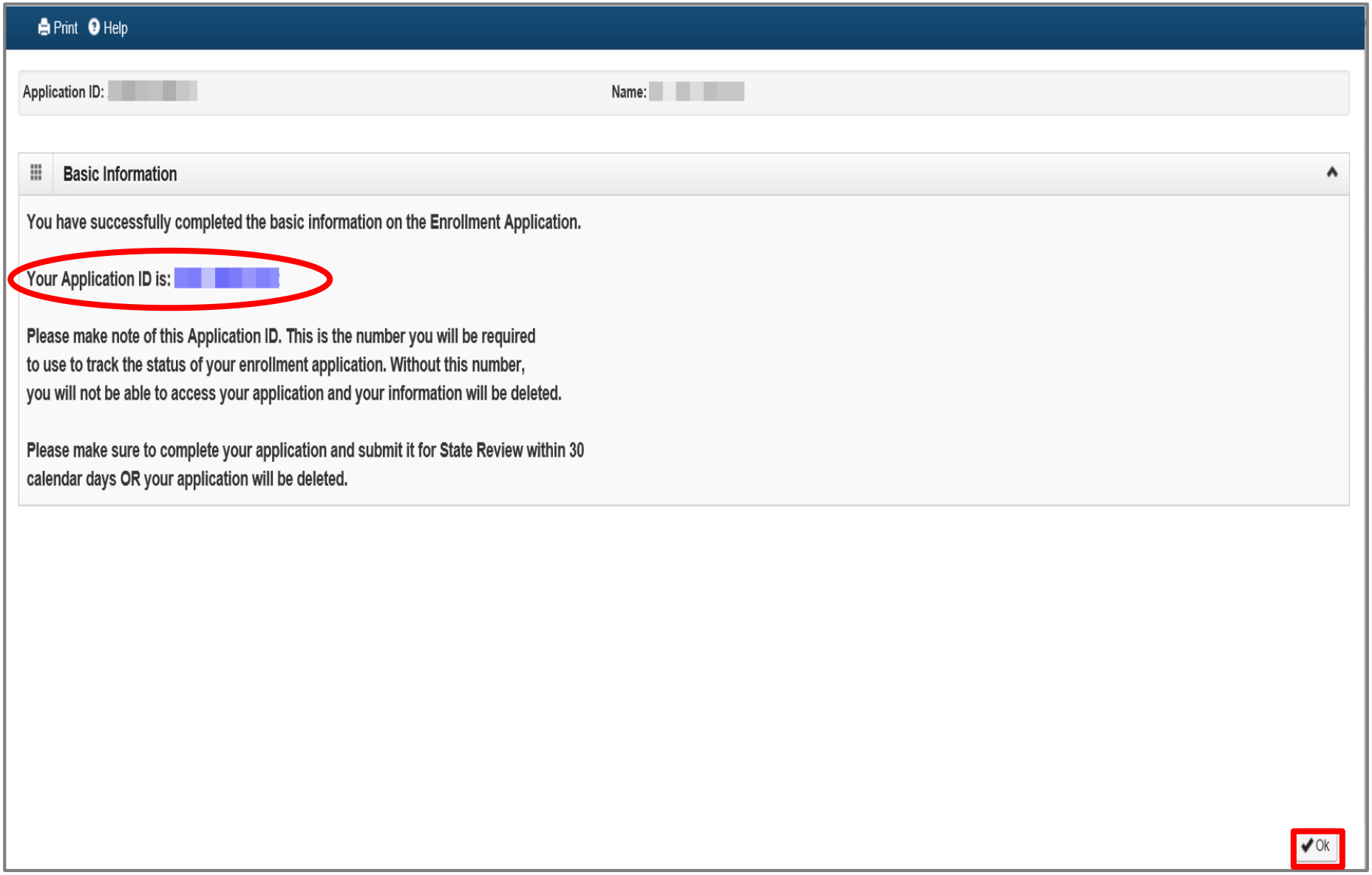


- Enter the required information, indicated by an asterisk (*): Entity Business Name (Agency Name), EIN/TIN (Federal Tax ID Number), Vendor ID (SIGMA) and Email address.
- Click **Confirm.**

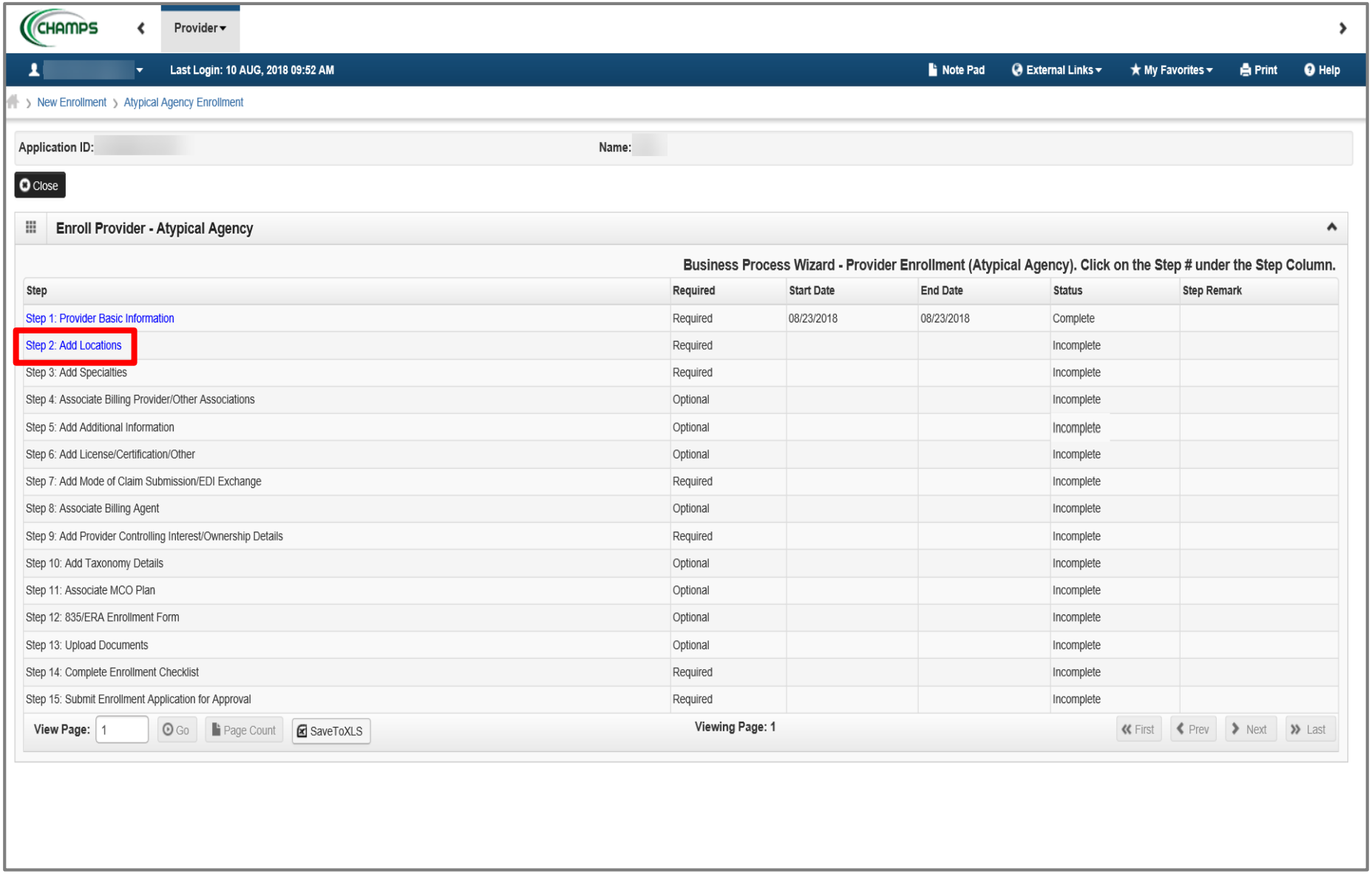


- Click **Finish.**

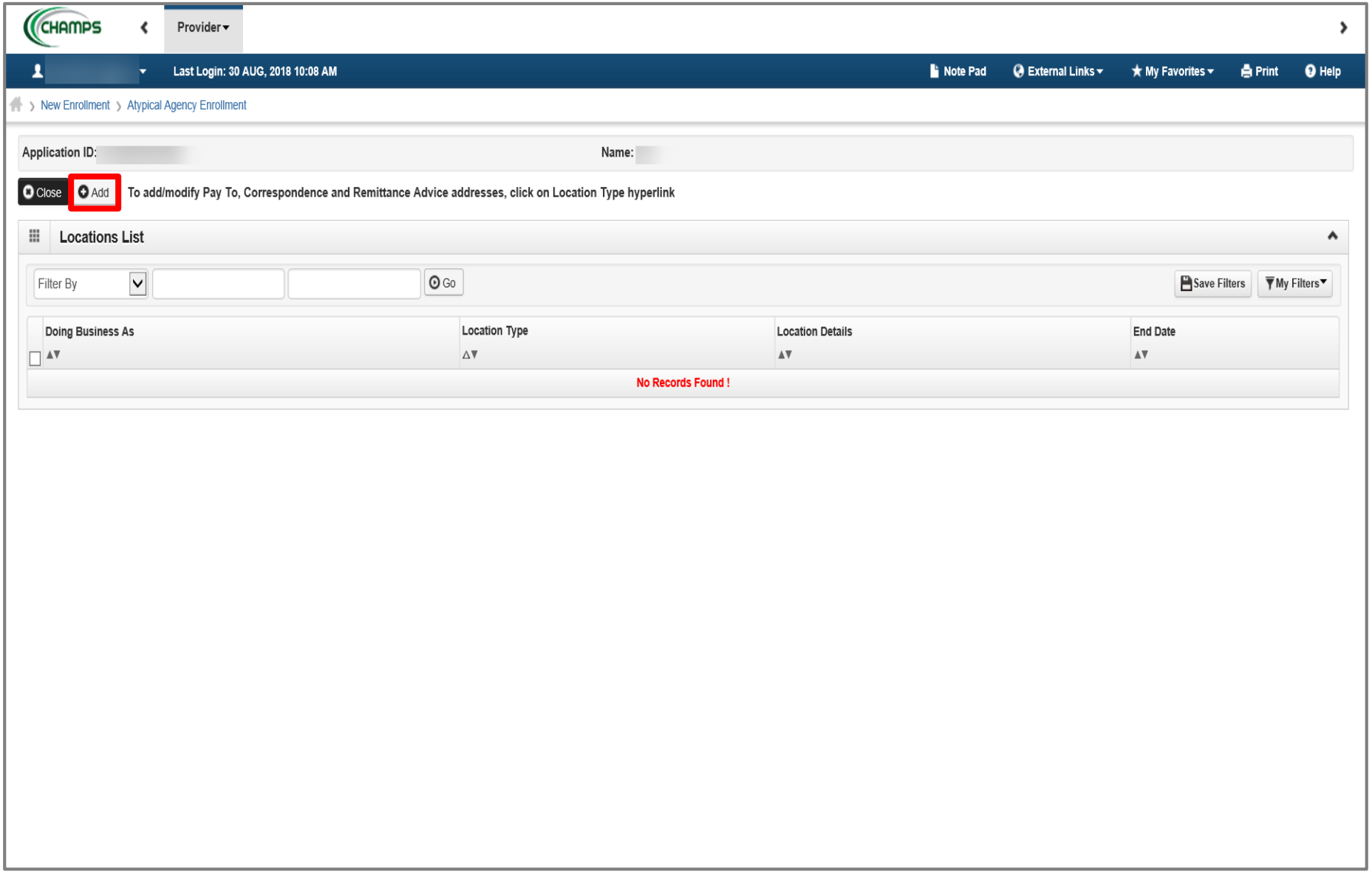
  Please note: **Legal Entity Name** has populated.



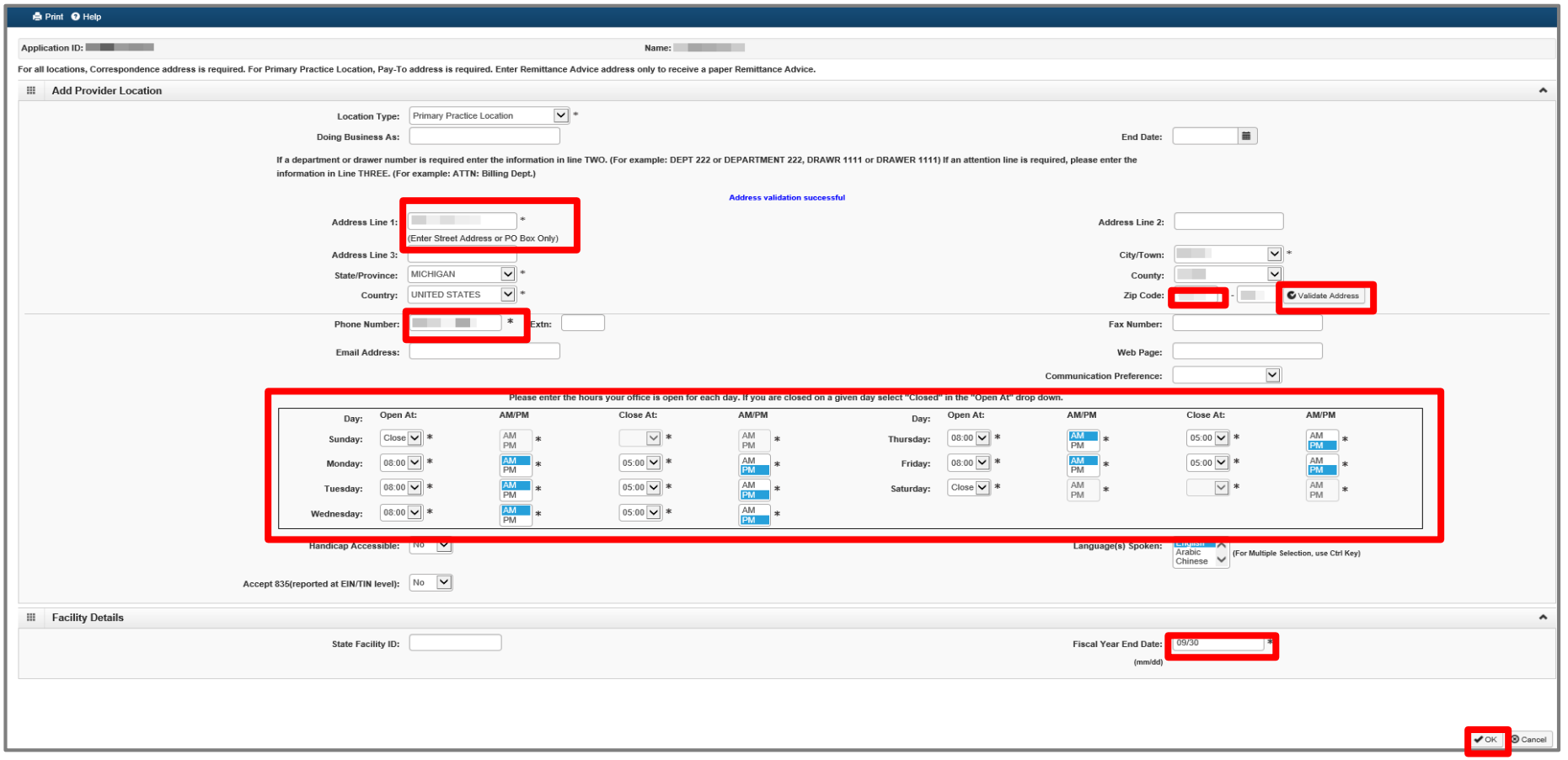
- Write down the Application ID number for future reference.
- Click **OK**.



- Click **Step 2: Add Locations**.



- Click **Add**.



- Enter the required information, indicated by an asterisk (*): Address, Zip Code, Phone Number and Office Hours.
- Click **Validate Address**.
- For **Office Hours**-use the drop-down arrow to choose the correct times. Make sure to select the hours you are open or choose “Closed”.
- Enter your Agency **Fiscal Year End Date** and click **OK**.

Please Note: **Location Type** will always be *Primary Practice Location.*
Use your ***Agencies Business Address*** for *Primary Practice Location*.
When the **Zip** Code is added, and **Validate Address** is selected, the **State, City/Town,** and **County** will automatically fill in**.**

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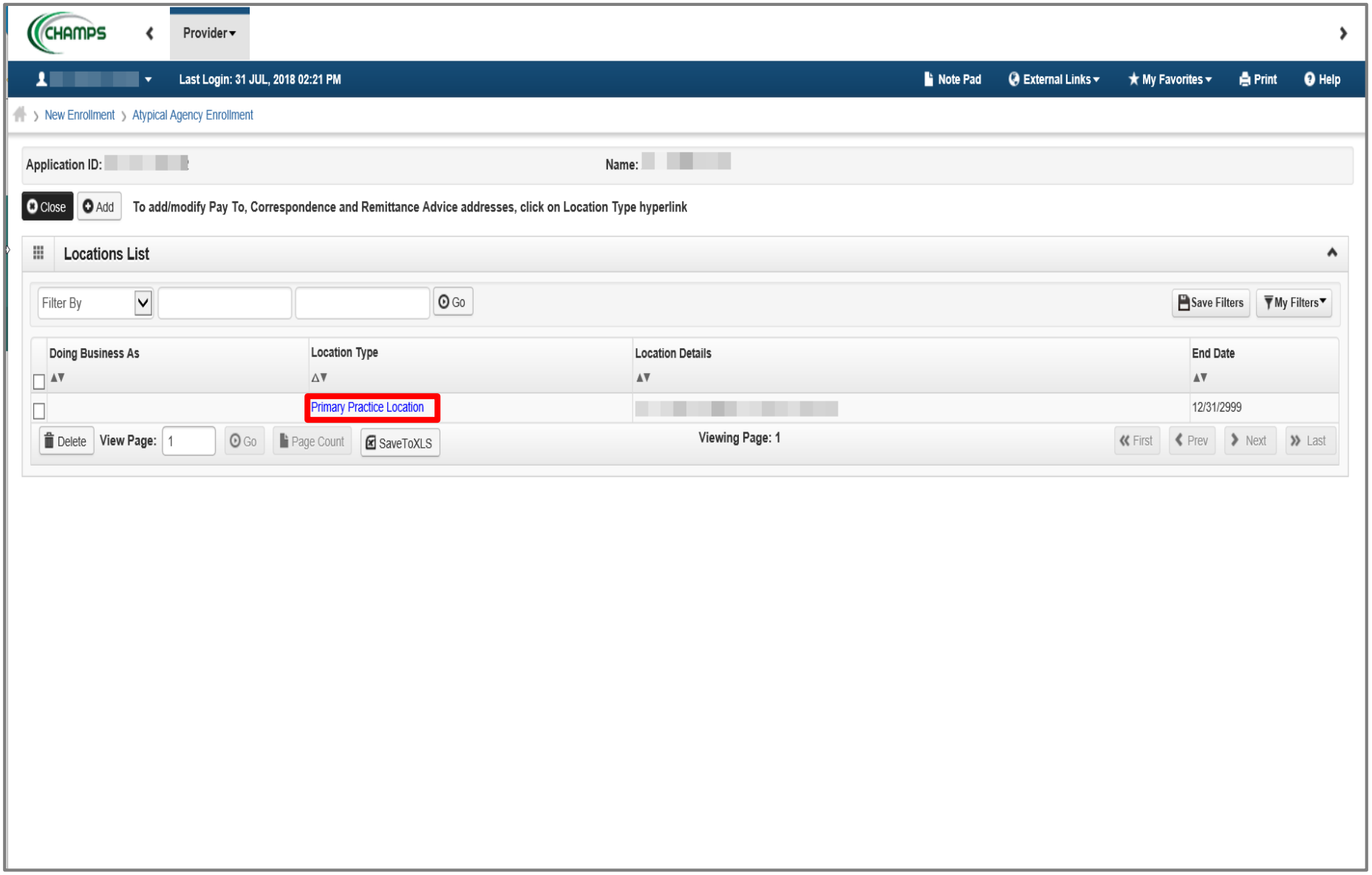
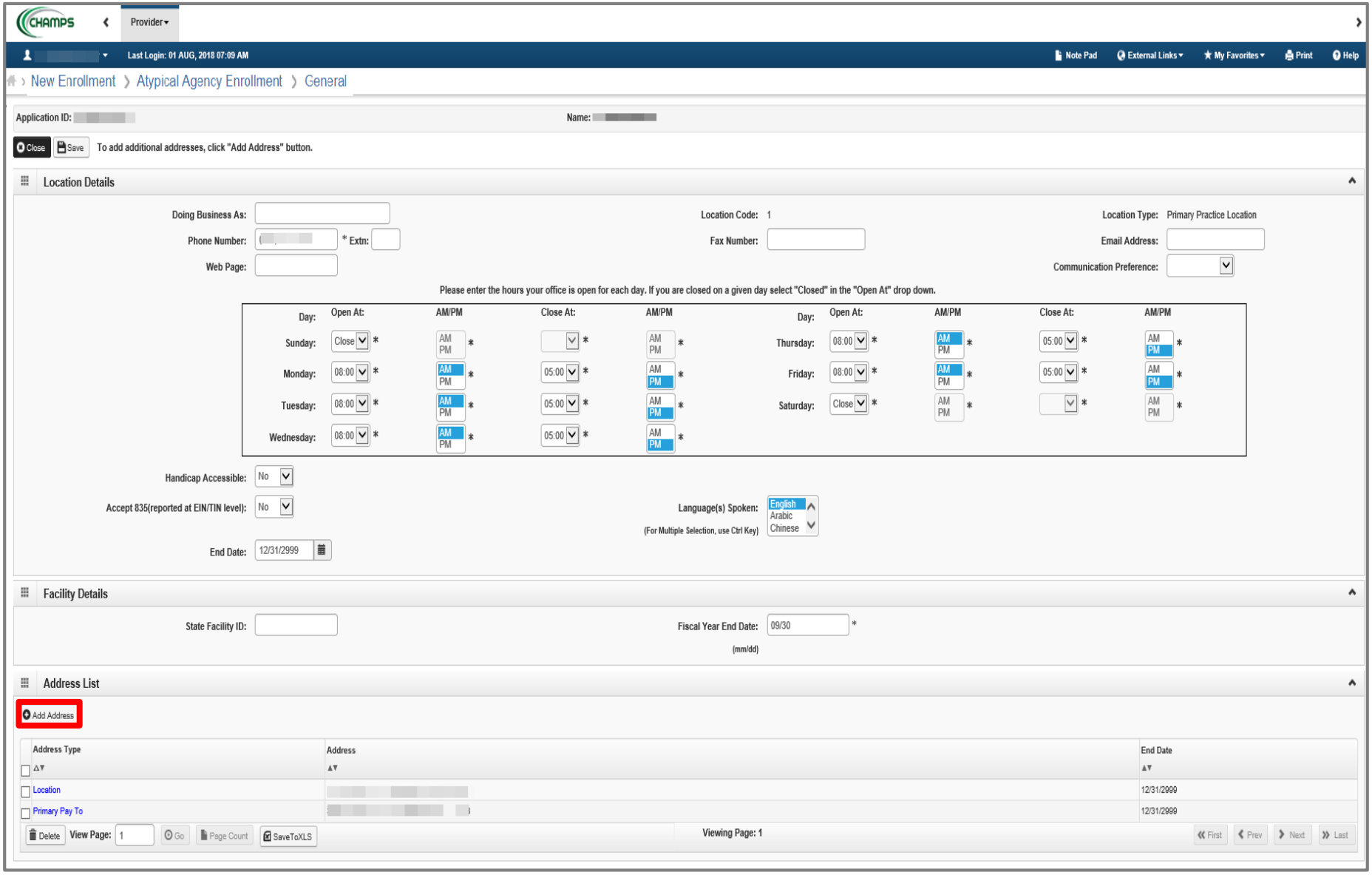
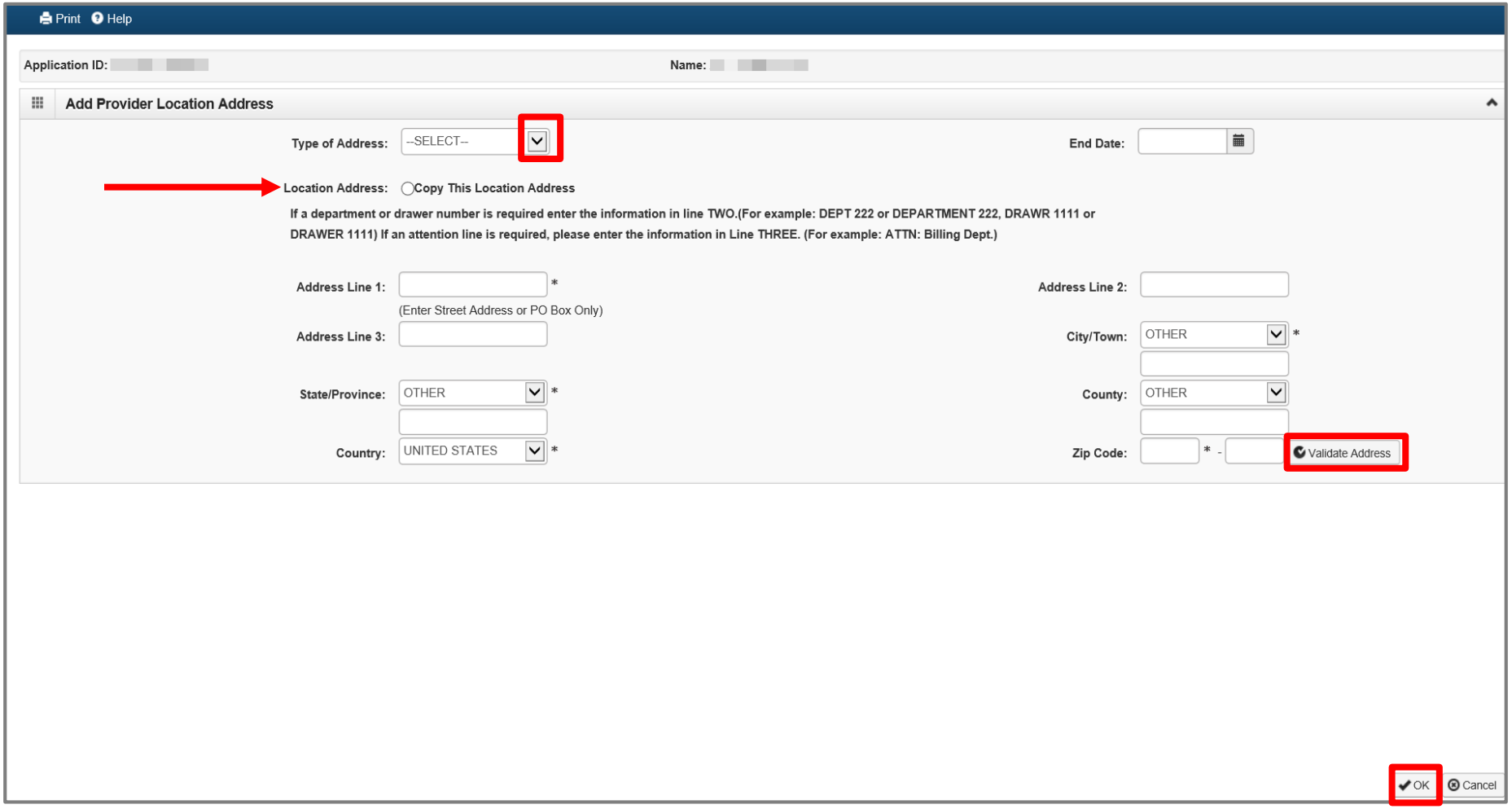


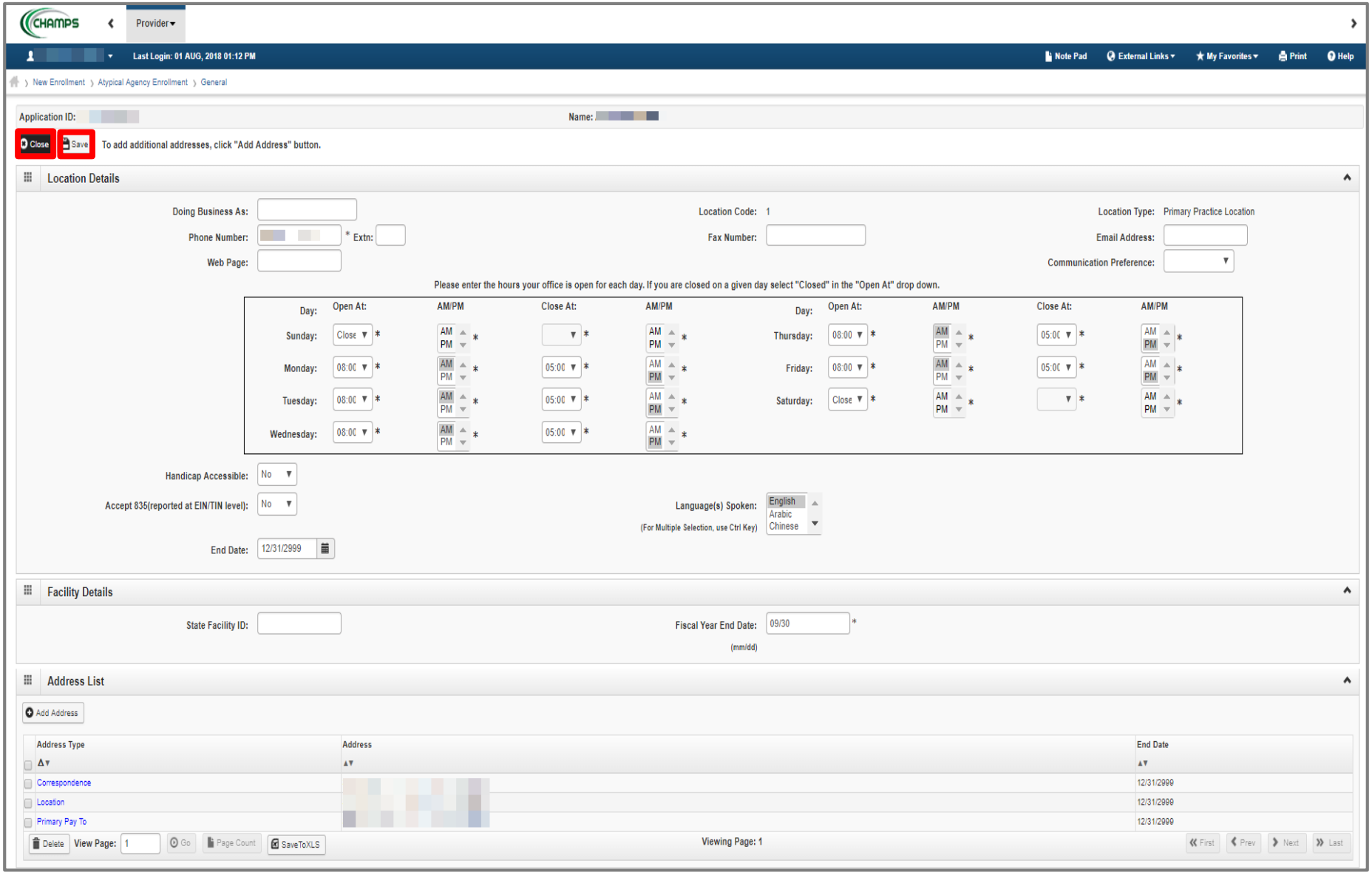
- Click **Primary Practice Location**.
  Please Note: You are still in Step 2: Add Locations.



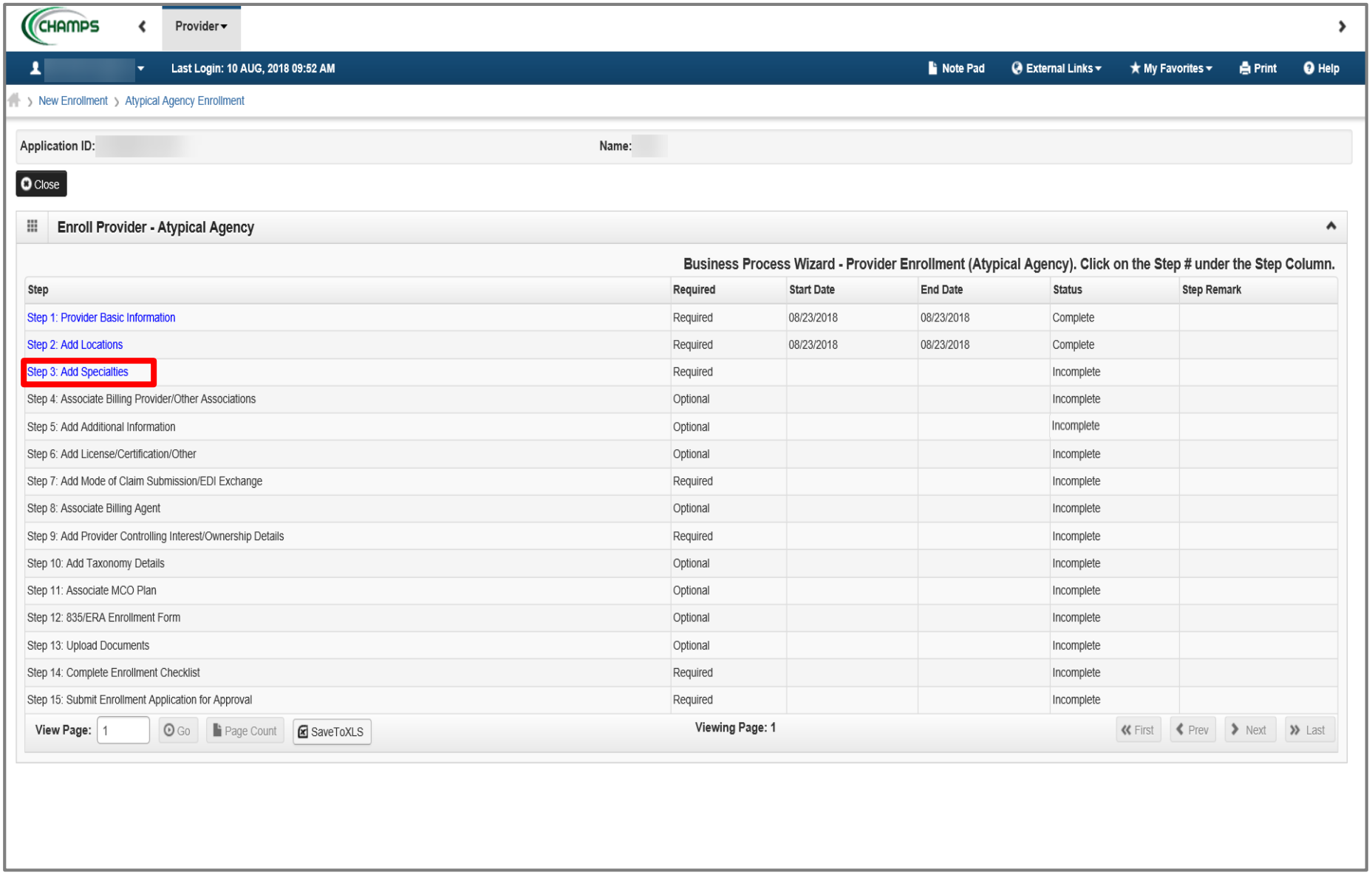
- Click **Add Address**.



- In the **Type of Address** drop-down menu, select **Correspondence**.
  Please note: Fill in the address where you would like to receive your Home Help Agency mail.
- If the address is the same as the one entered previously, select **Copy This Location Address,** next to, **Location Address**.
- Click **Validate Address**.
- Click **OK**.

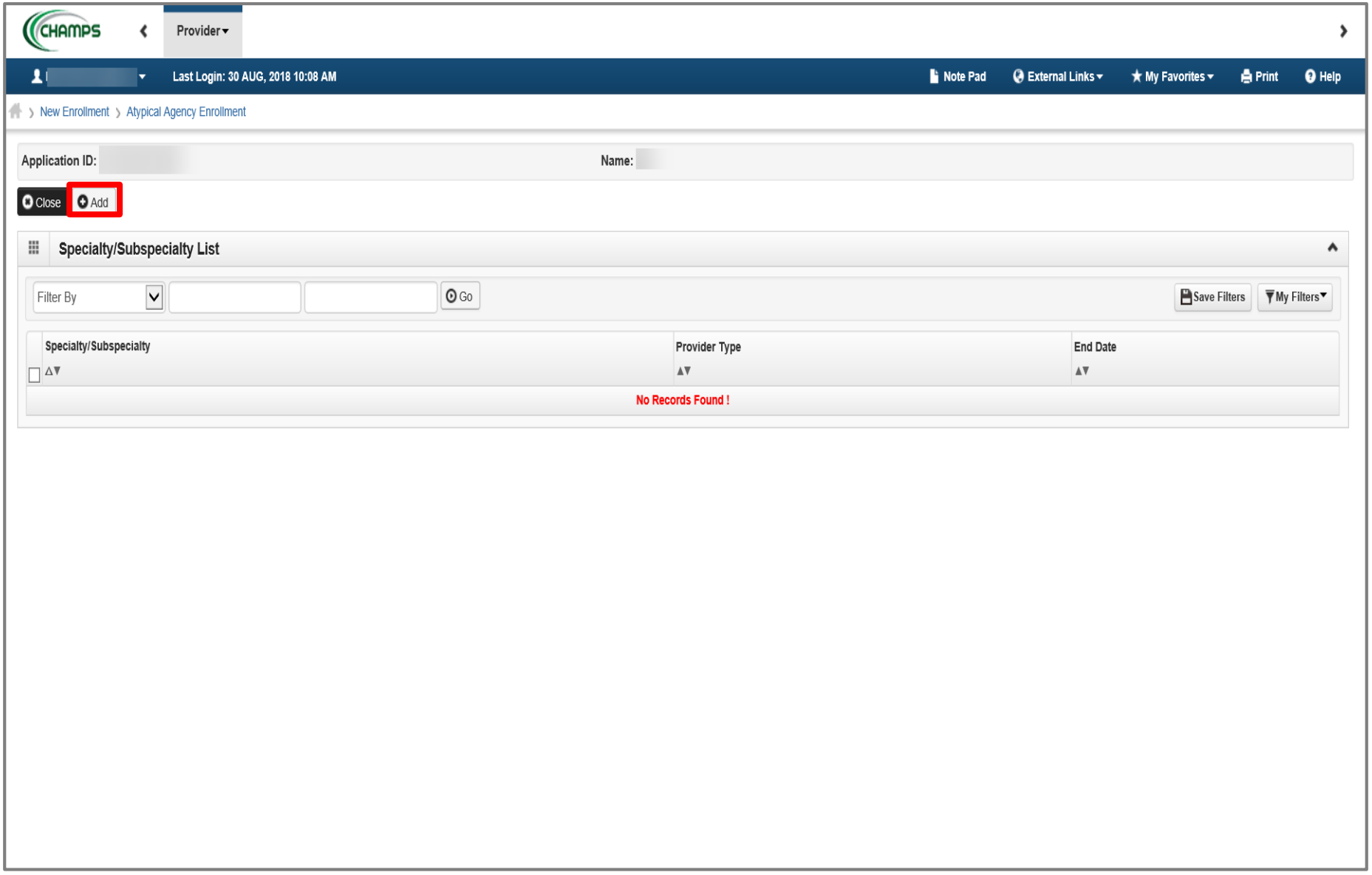


- Notice the **Correspondence, Location,** and **Primary Pay To** address types now have addresses.
- Click **Save**.
- Click **Close** on the next <u>two</u> screens to go back to the list of steps. (Not shown).

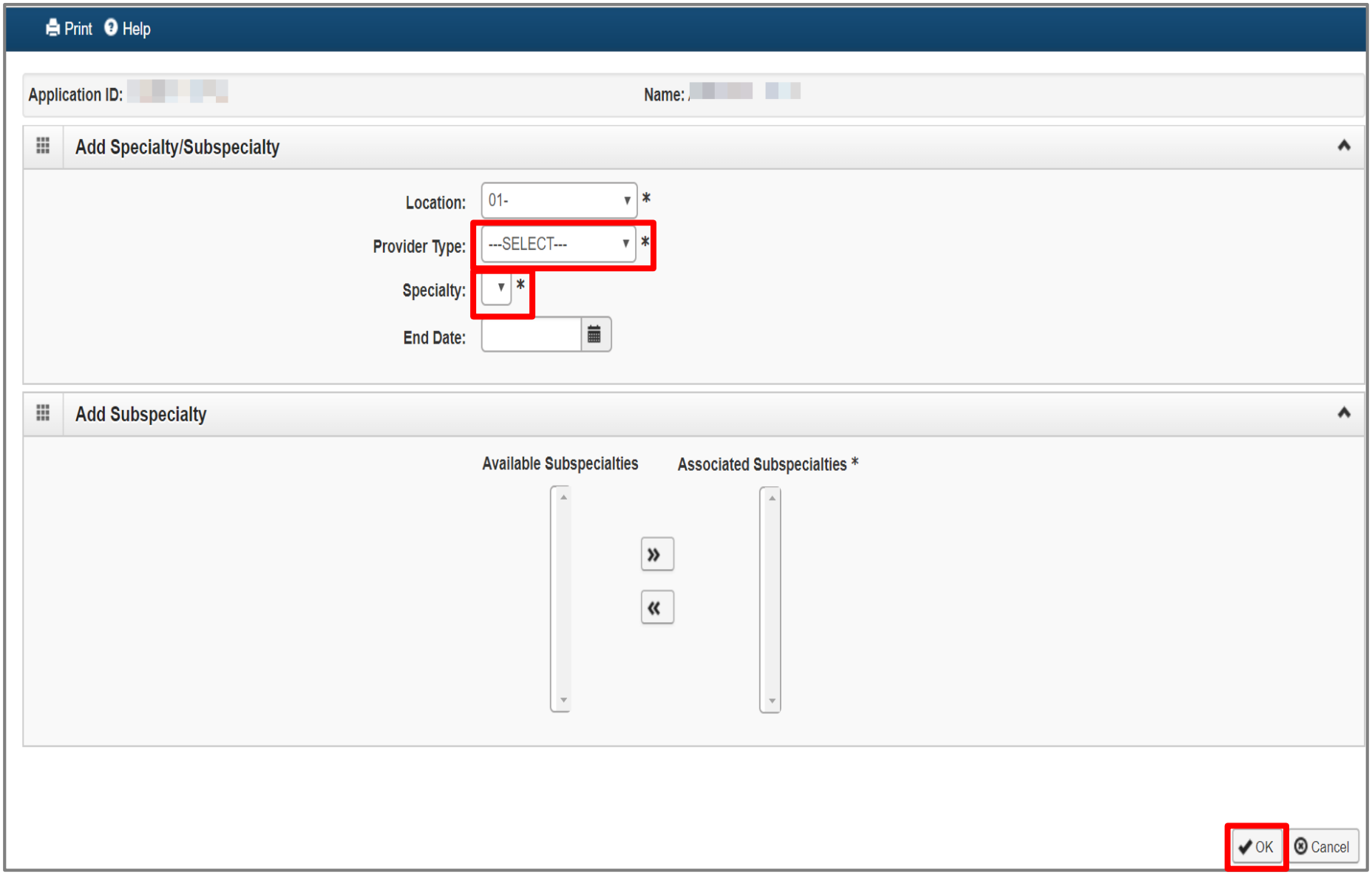


- Click **Step 3: Add Specialties**

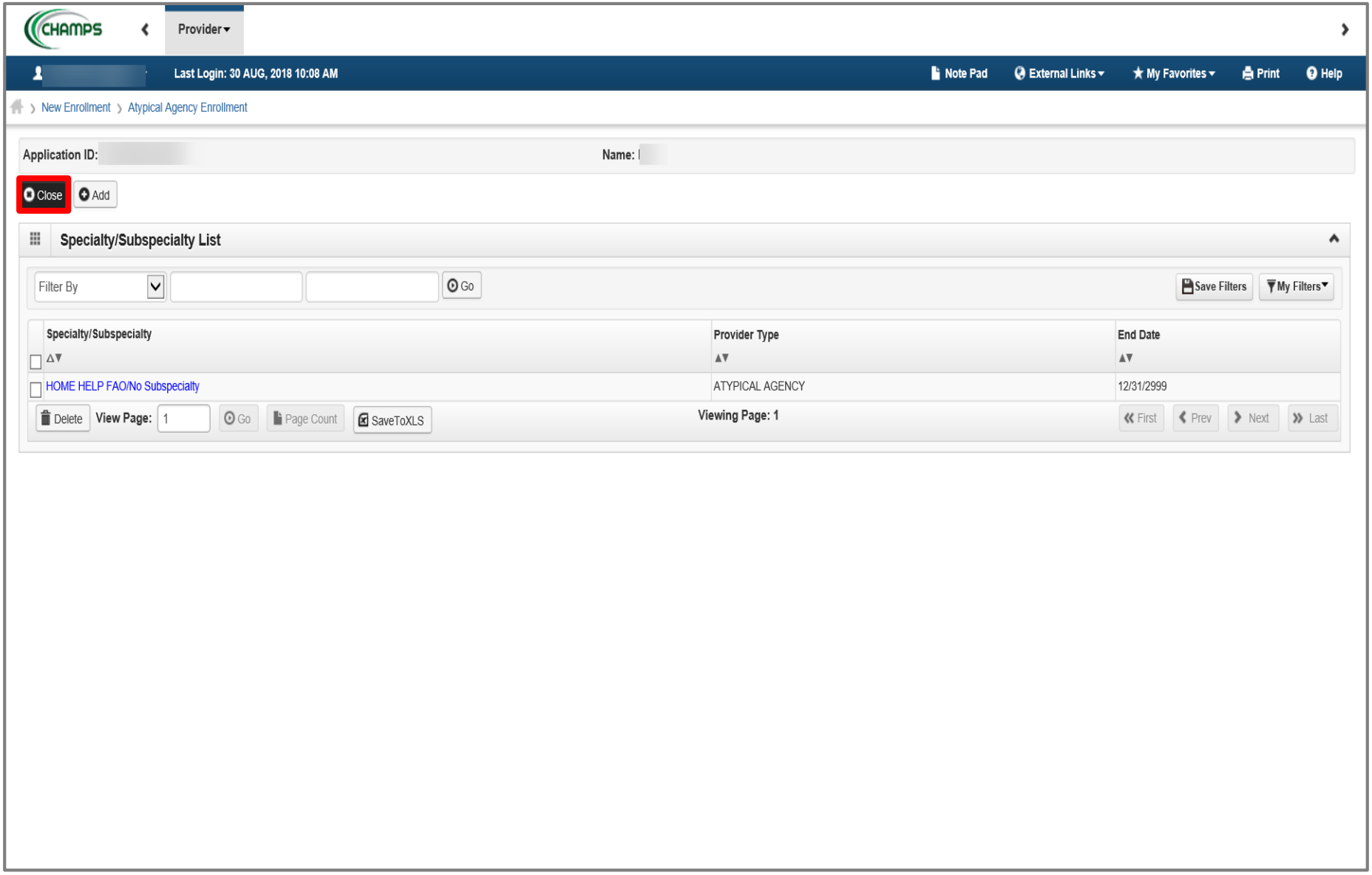
  Please Note: Step 2 status has now changed from Incomplete to Complete.


CHAMPS
Provider
Last Login: 30 AUG, 2018 10:08 AM
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Agency Enrollment
Application ID:
Name:
Close
Add
Specialty/Subspecialty List
Filter By
Go
Save Filters
My Filters
Specialty/Subspecialty
Provider Type
End Date
No Records Found !

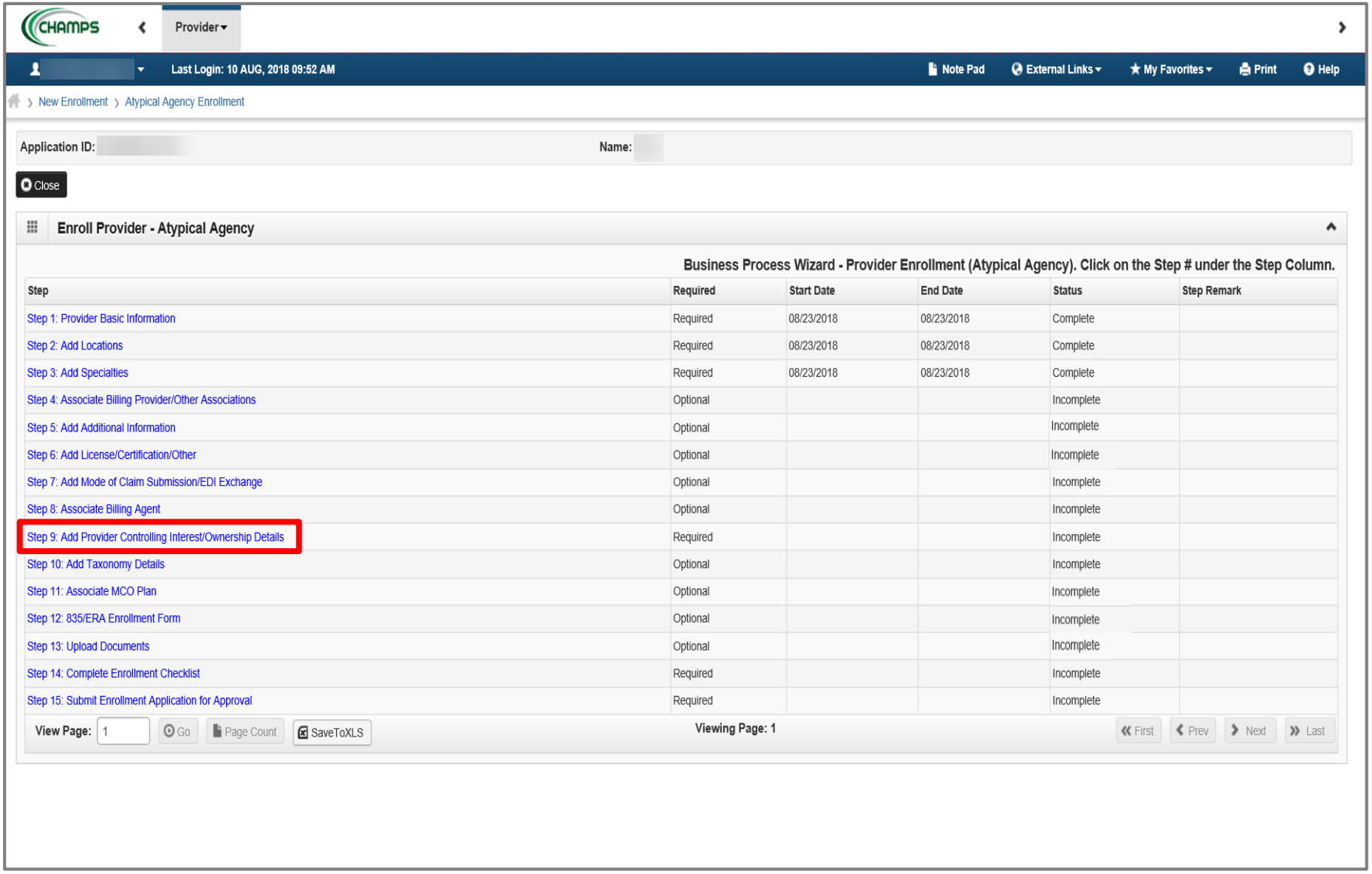
- Click **Add**.



- In the **Provider Type** drop-down menu, select **Atypical Agency**.
- In the **Specialty** drop-down menu, select **Home Help FAO**.
- Click **OK**.


CHAMPS
Provider
Last Login: 30 AUG, 2018 10:08 AM
Note Pad
External Links
My Favorites
Print
Help
New Enrollment
Atypical Agency Enrollment
Application ID:
Name:
Close
Add
Specialty/Subspecialty List
Filter By
Go
Save Filters
My Filters
Specialty/Subspecialty
Provider Type
End Date
HOME HELP FAO/No Subspecialty
ATYPICAL AGENCY
12/31/2999
Delete
View Page: 1
Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

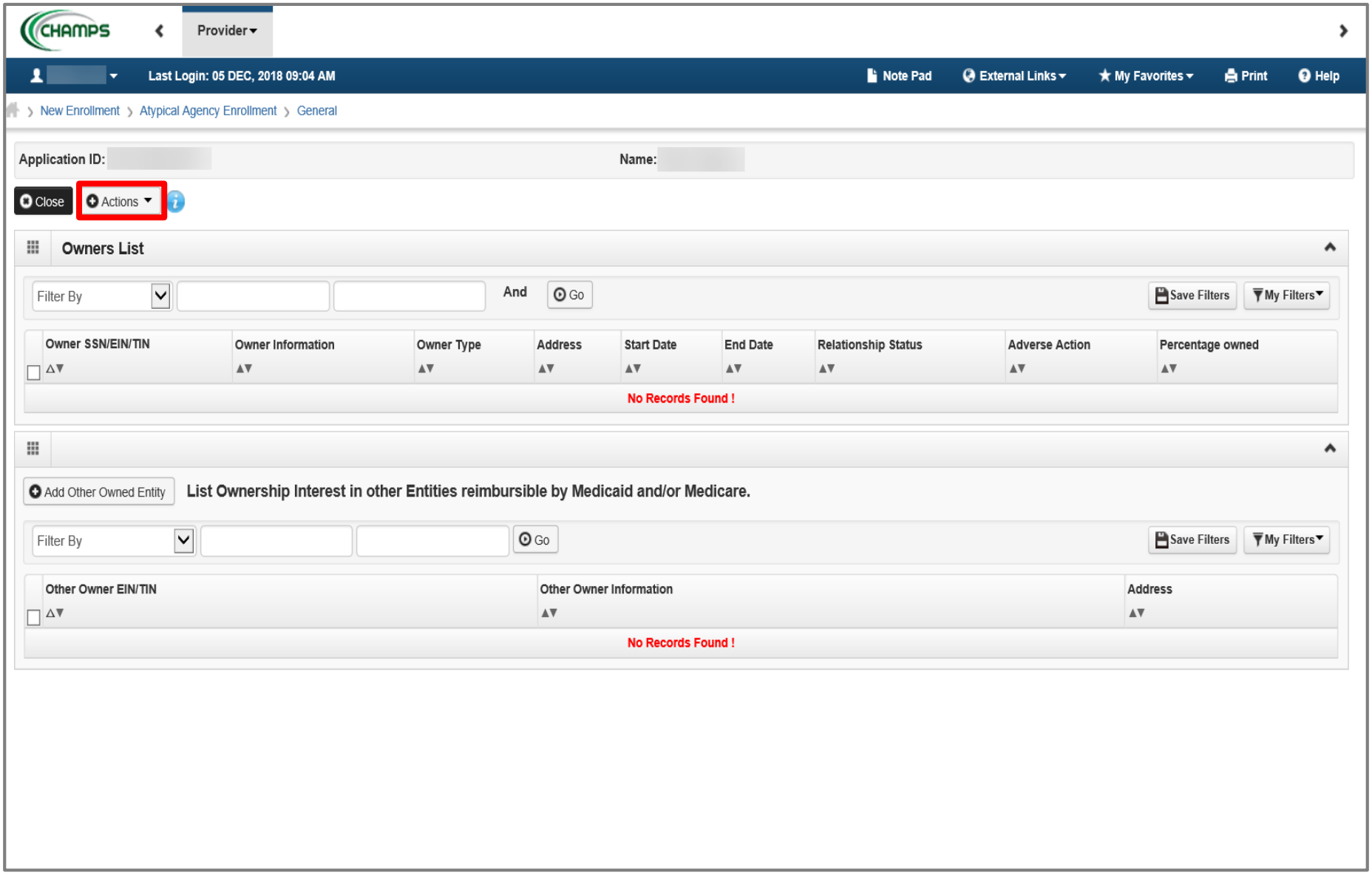
- Click **Close**.



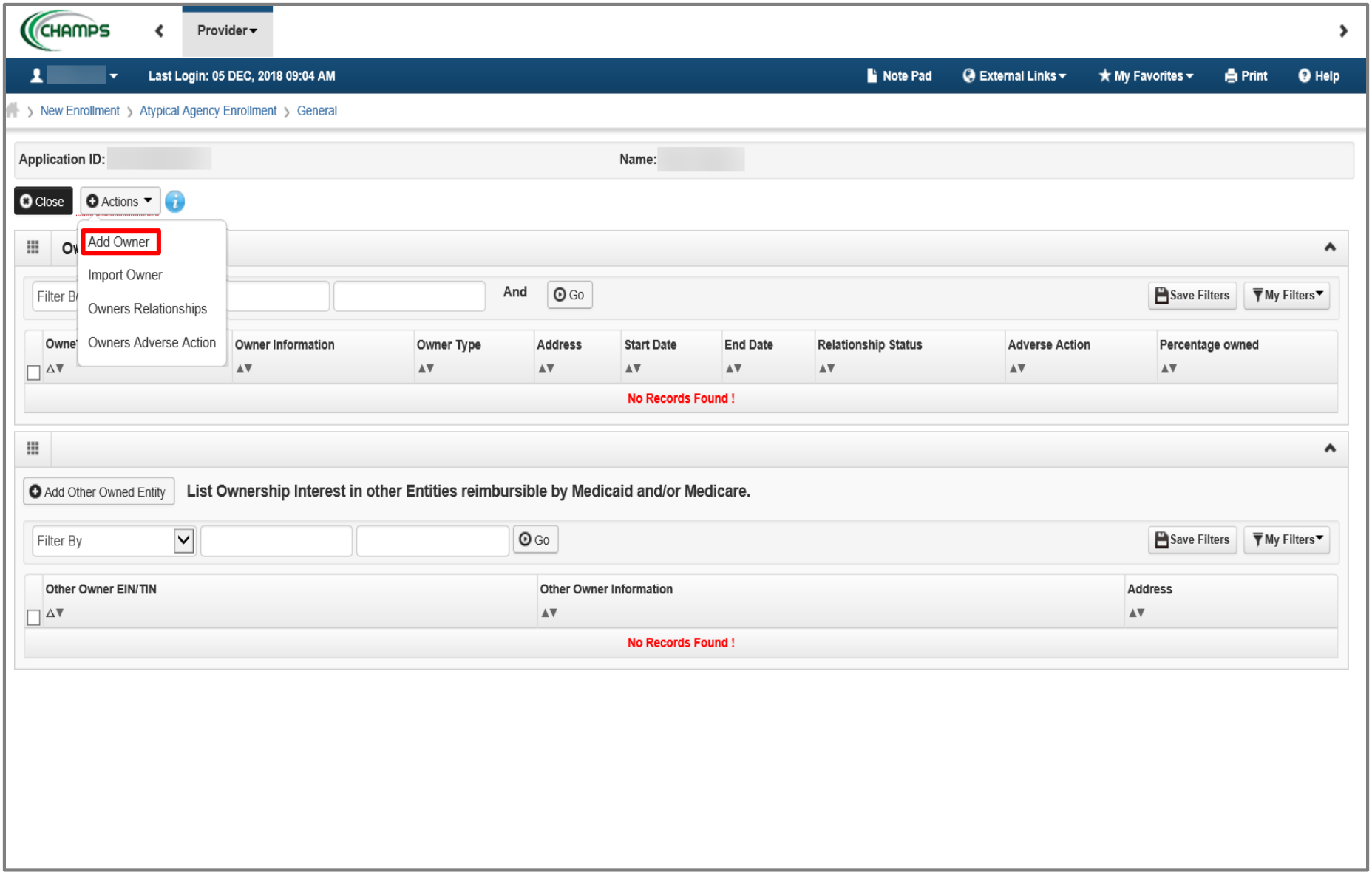
- Click **Step 9: Add Provider Controlling Interest/Ownership Details**.

  Please Note: Step 4-8 are optional and are not required.

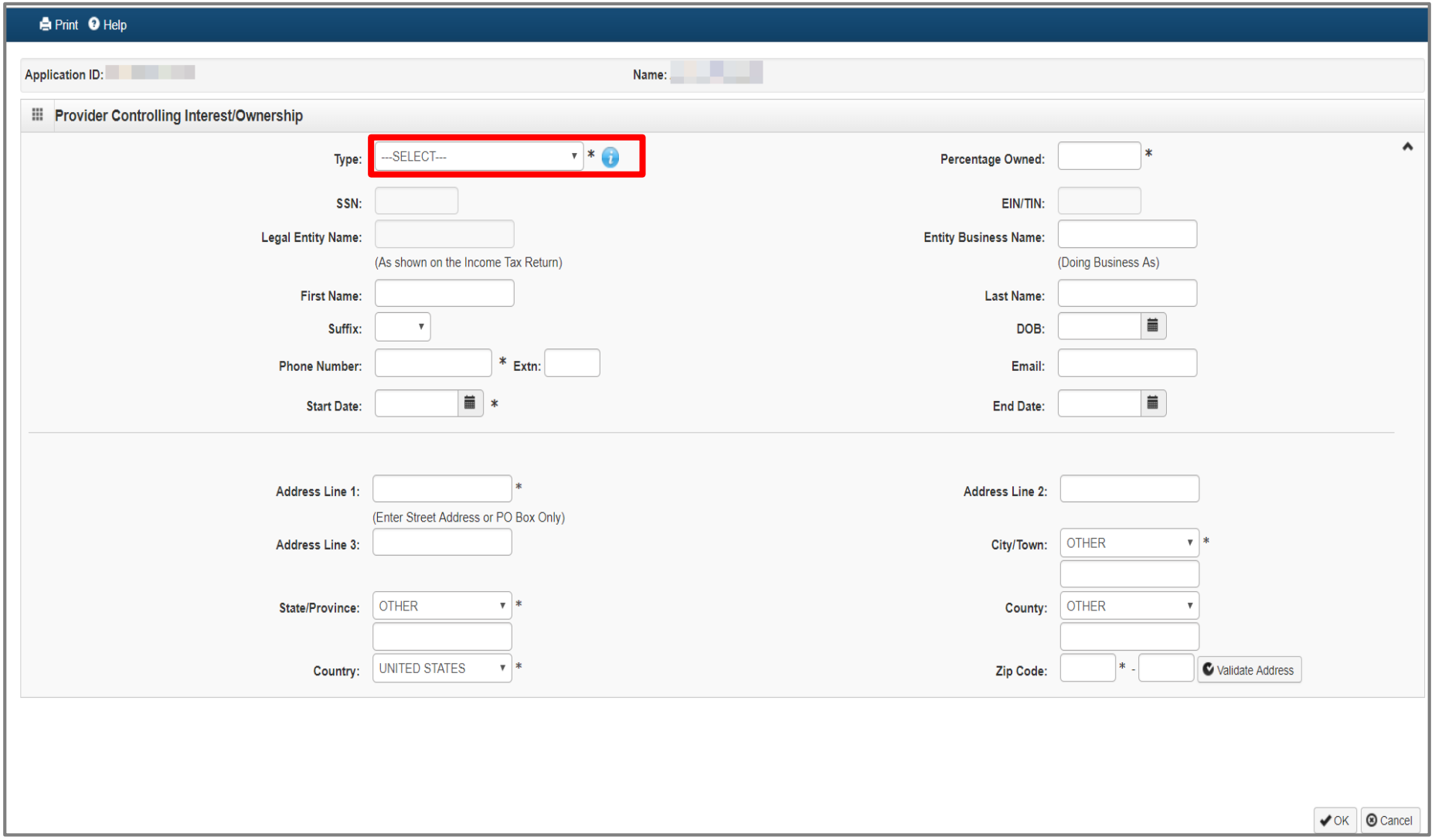
  - **The screens for this step were updated 12/14/18*



- Click **Actions**.



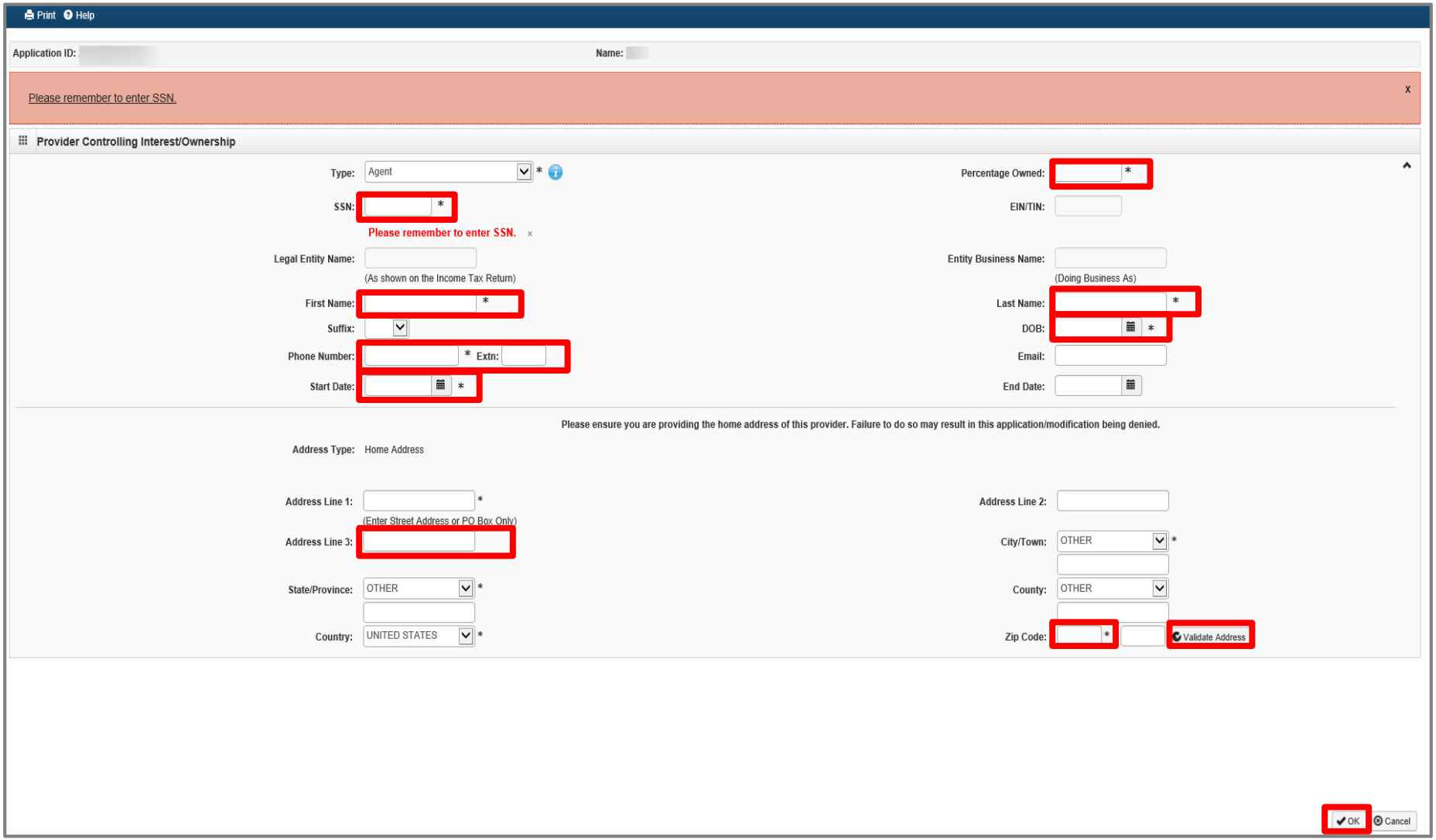
- In the **Actions** drop-down menu, select **Add Owner.**



- In the **Type** drop-down menu:
  - If choosing; Agent, Government, Individual, Partnership or Sub-Contractor click here.
  - If choosing; Corporate-Charitable 501 (c) 3, Corporate-Non Charitable, Holding Company, or Limited Liability Company click here.

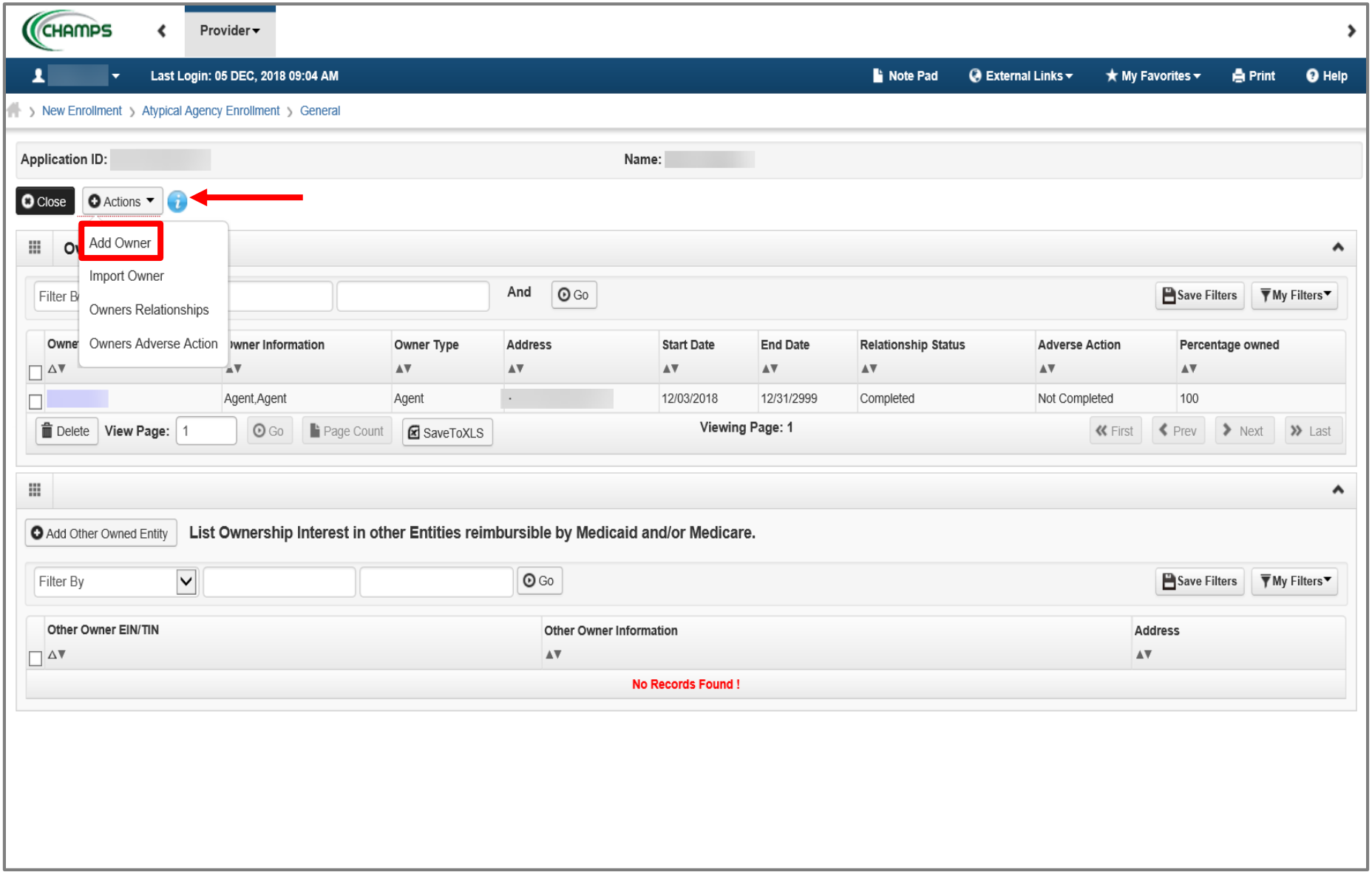
Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing **Agent, Government, Individual, Partnership or Sub-Contractor**.



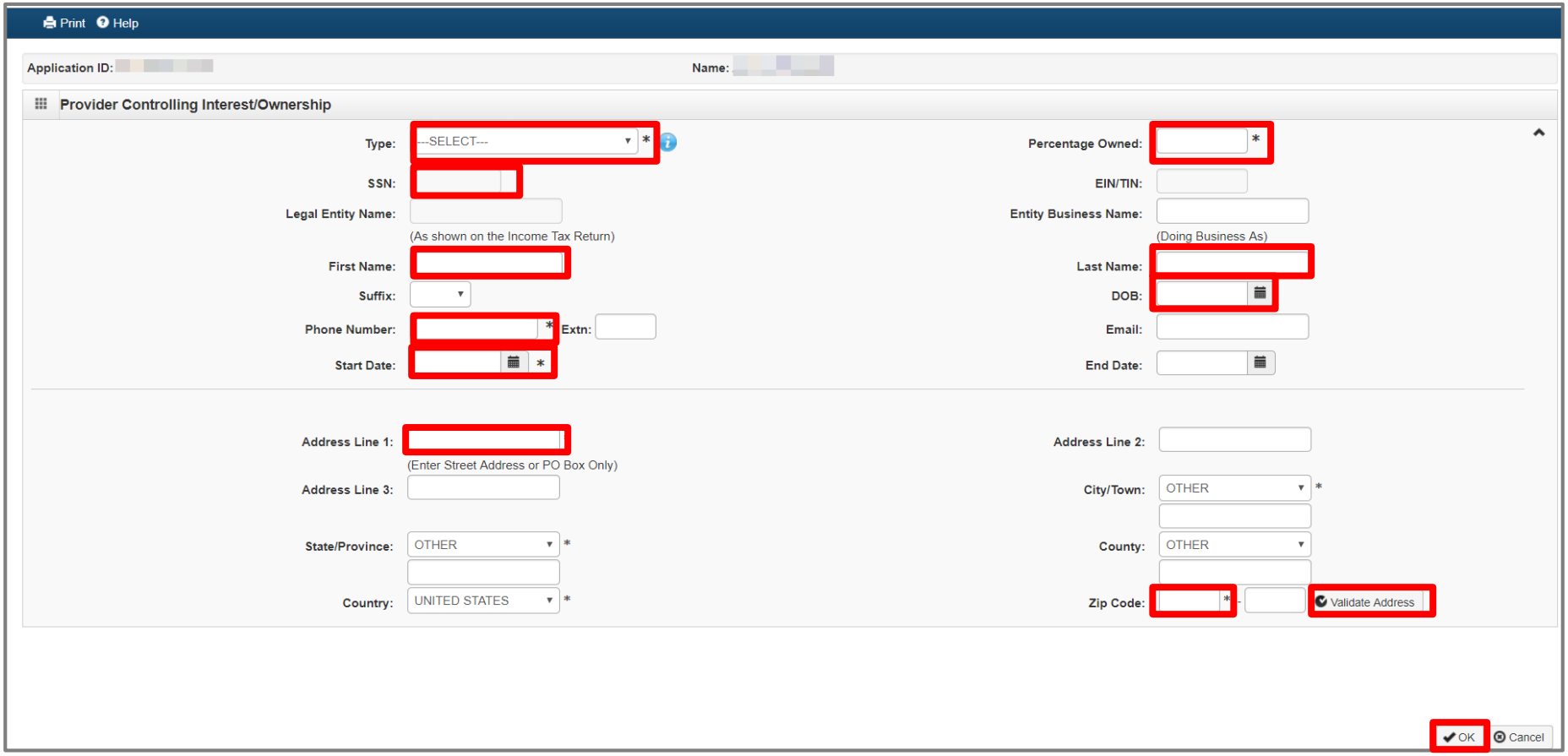
- Enter the required information, indicated by an asterisk (*): SSN, Percentage Owned, Name, Phone Number, DOB, Start Date, Address and Zip Code.
- Click **Validate Address**.
- Click **OK**.

Please Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.



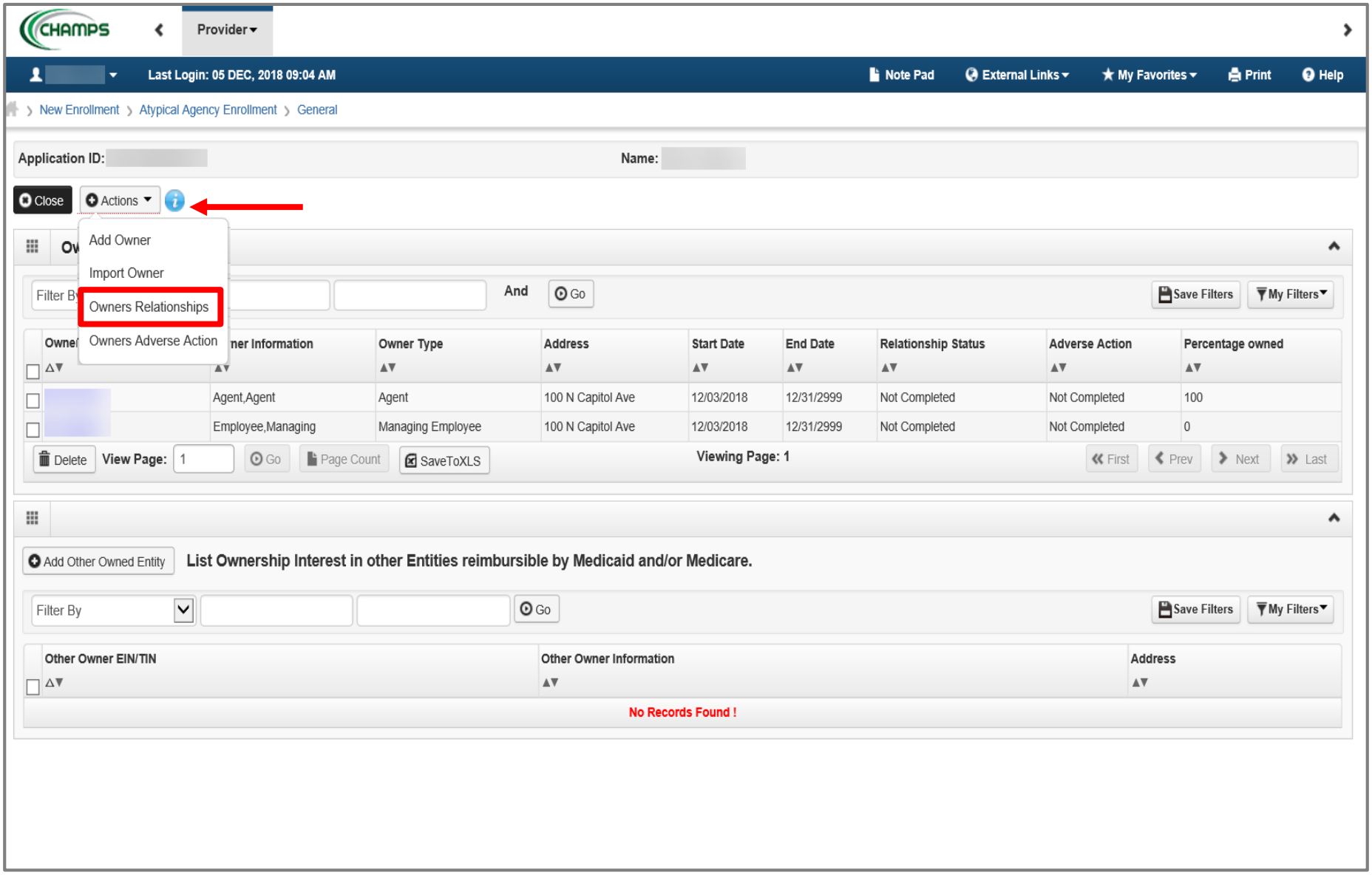
Please Note: Agent (Agency Owner) will now be listed

- In the **Actions** drop-down menu, select **Add Owner**.



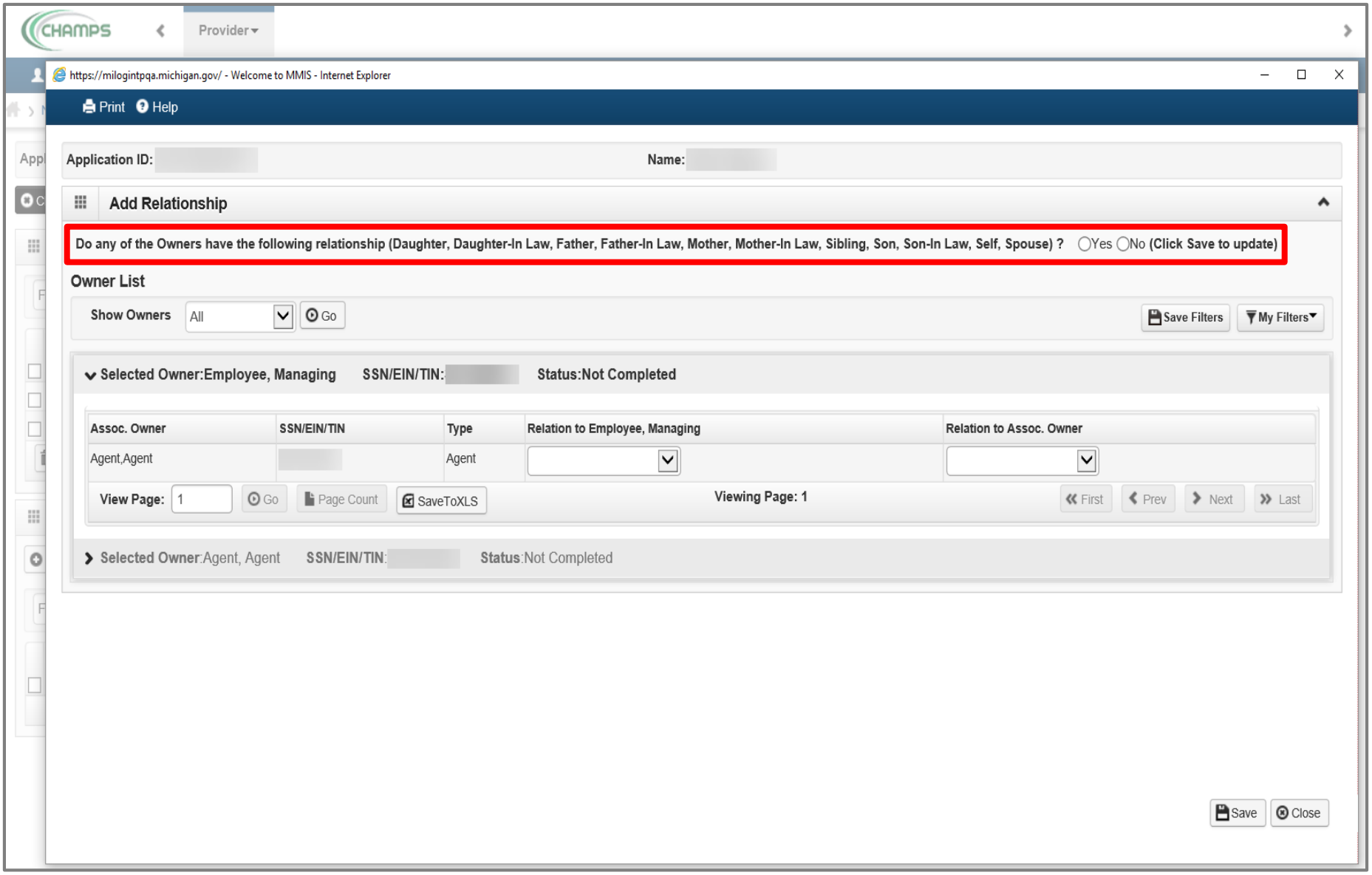
- In the **Type** drop-down menu, select **Managing Employee**. The **Managing Employee** can be the same as the **Owner**.
- Enter the required information, indicated by an asterisk (*): SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click **Validate Address**.
- Click **OK**.

Please Note: Type the number zero (0) in the **Percentage Owned** box.
Start Date is always the date you are filling out the application.
When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.

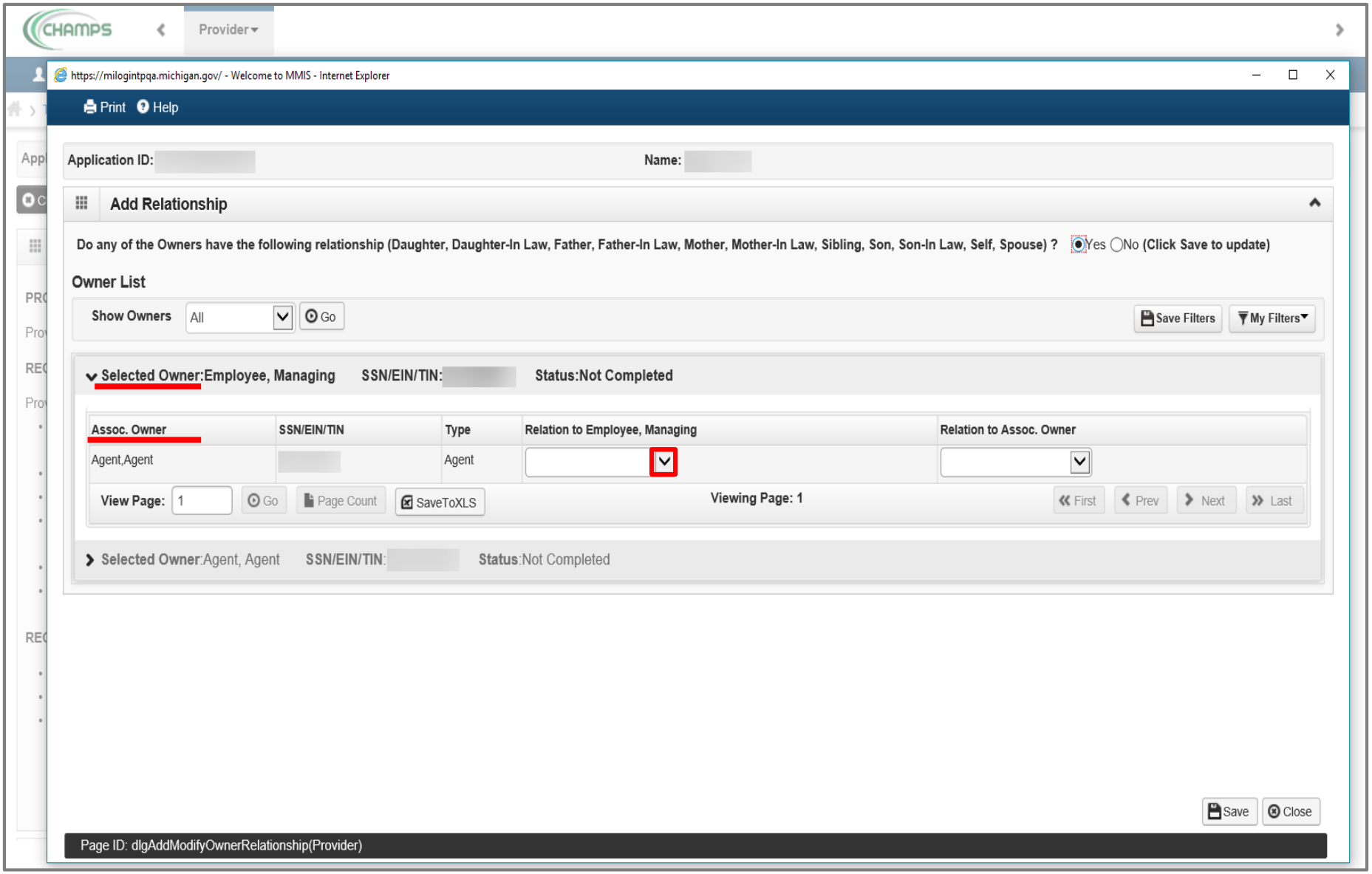


Please Note: Managing Employee is now listed.

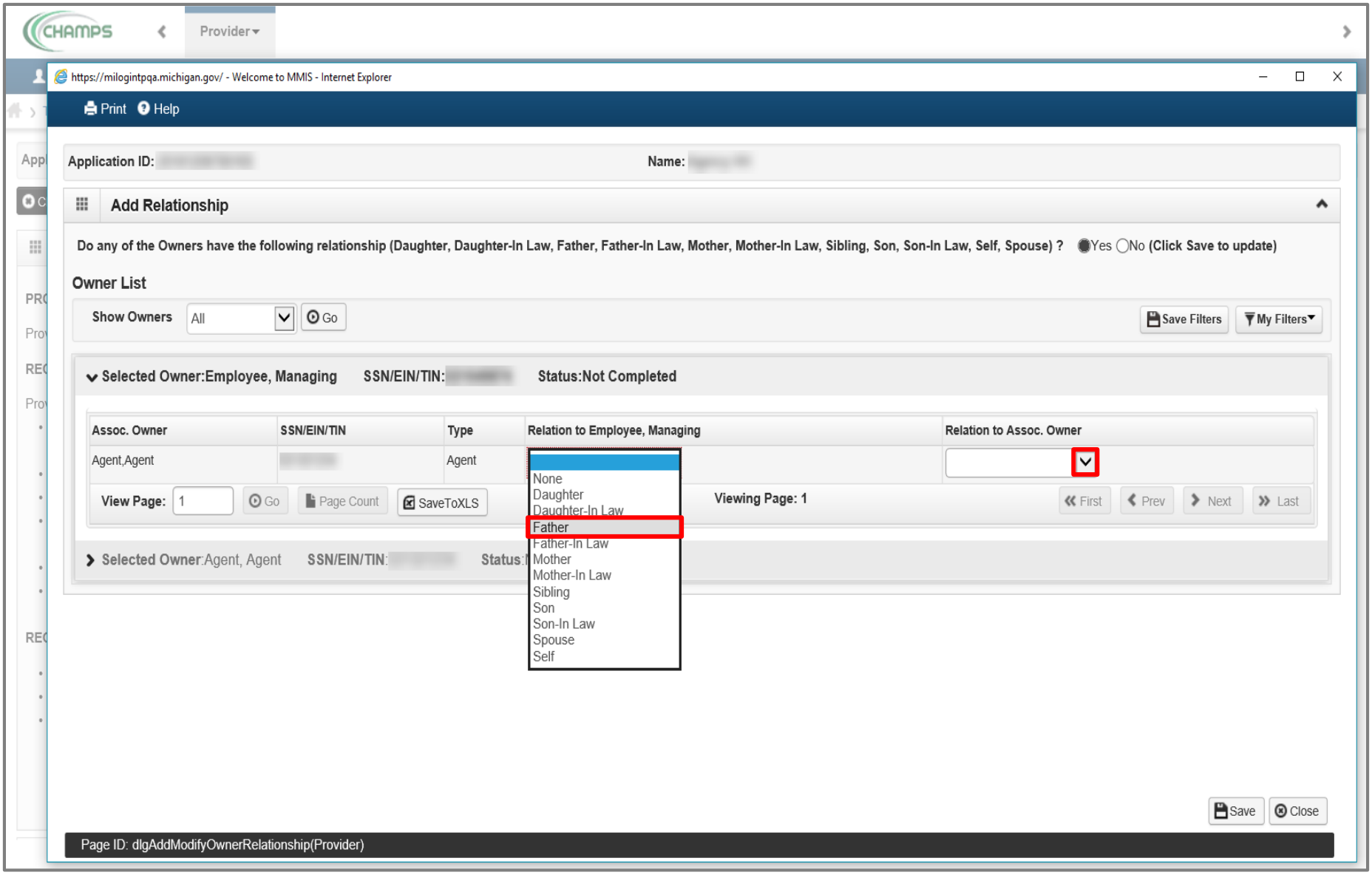
- In the **Actions** drop-down menu, select **Owners Relationships**.



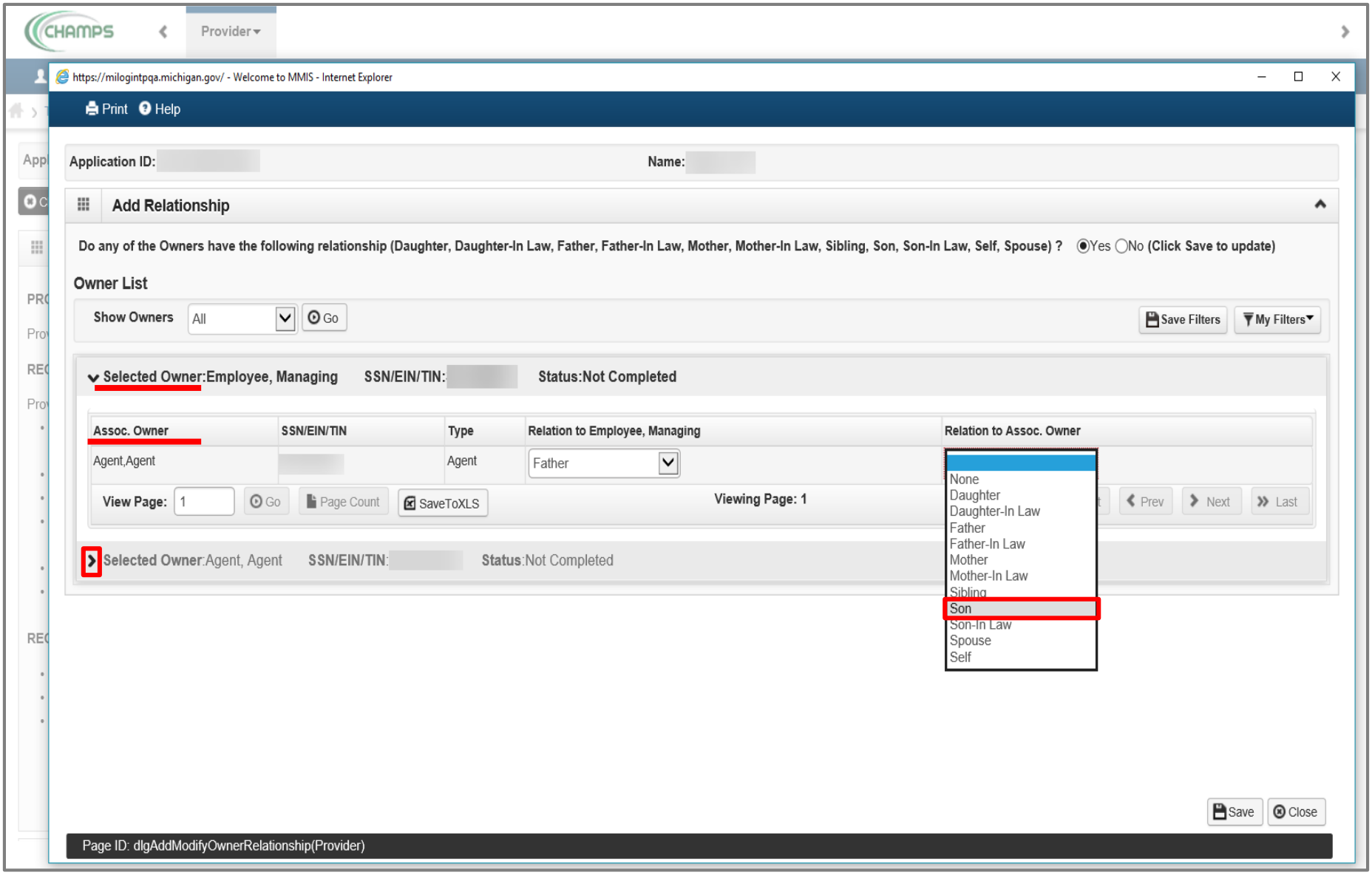
- Answer question (at the top)
- If no relationships exist select **No**, click **Save**, read the pop-up message, select **Ok**, and **Close**.
  - Click here
- If relationships exist, select **Yes**, and continue with presentation.



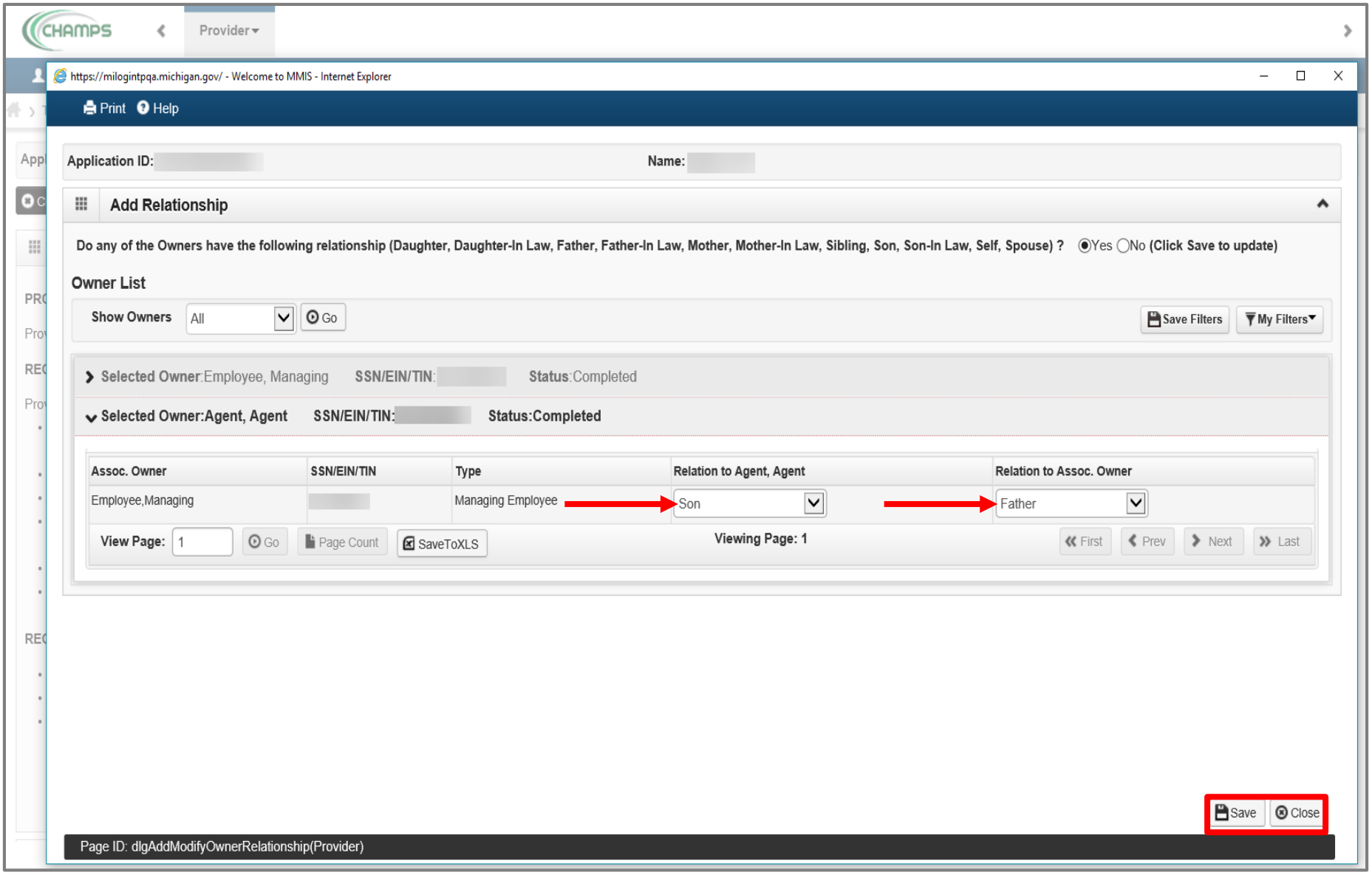
- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship from the Agent to Employee, Managing) [Associated Owner → Selected Owner]
- Click on the **Relation to Employee, Managing** drop-down



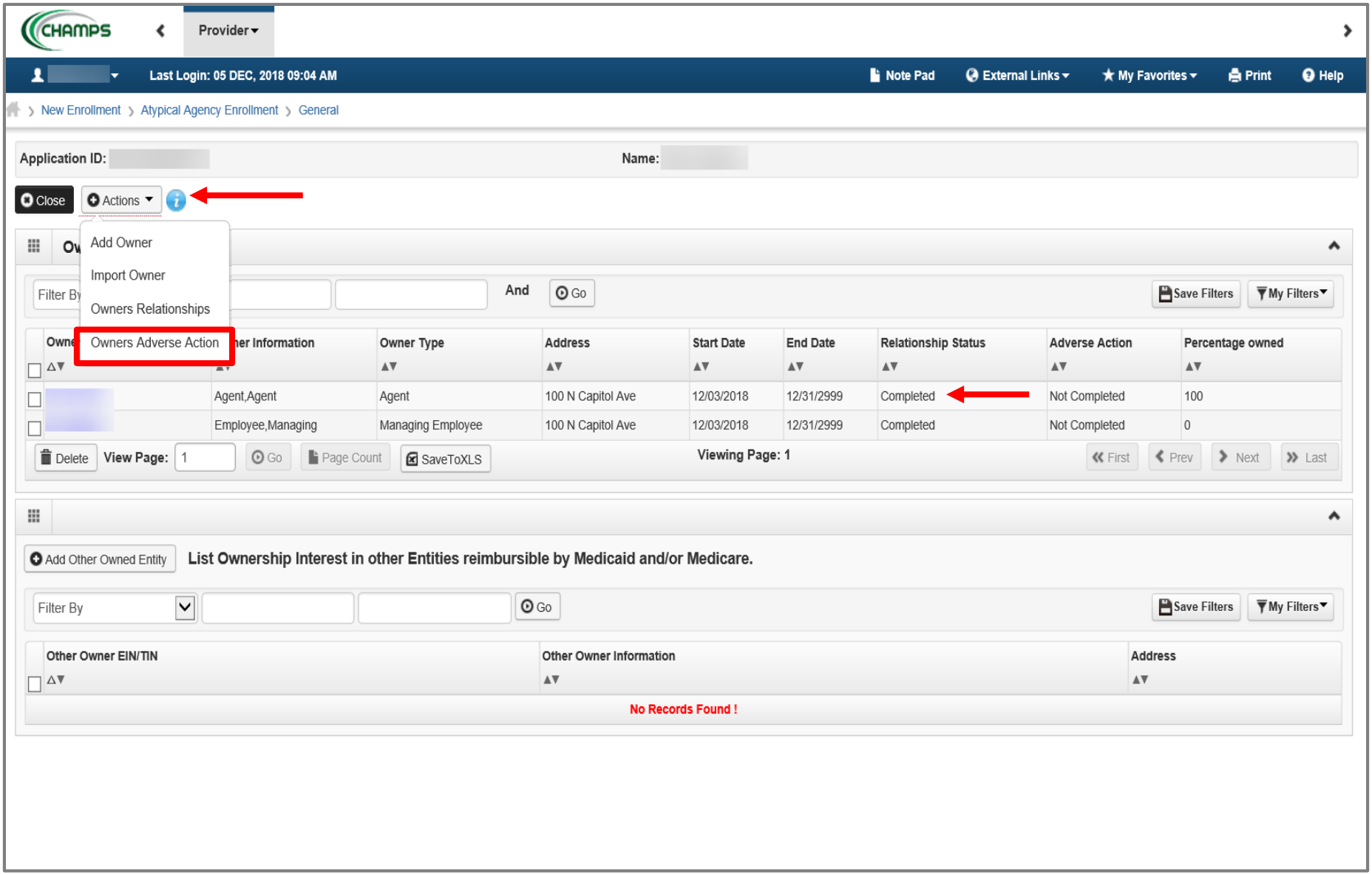
- Select **Father**
- In this example, the Agent is the father of the Selected Owner (Employee, Managing)
- Click on the **Relation to Assoc. Owner** drop-down



- Select the relationship between the **Selected Owner** (example: Managing Employee) to the **Associated Owner** (Agent, Agent or Agency Owner) [Selected Owner → Associated Owner]
- Select **Son;** In this example, the Selected Owner (Employee, Managing) is the son of the Agent.
- Click on **>** to select the relationship(s) for the next Selected Owner

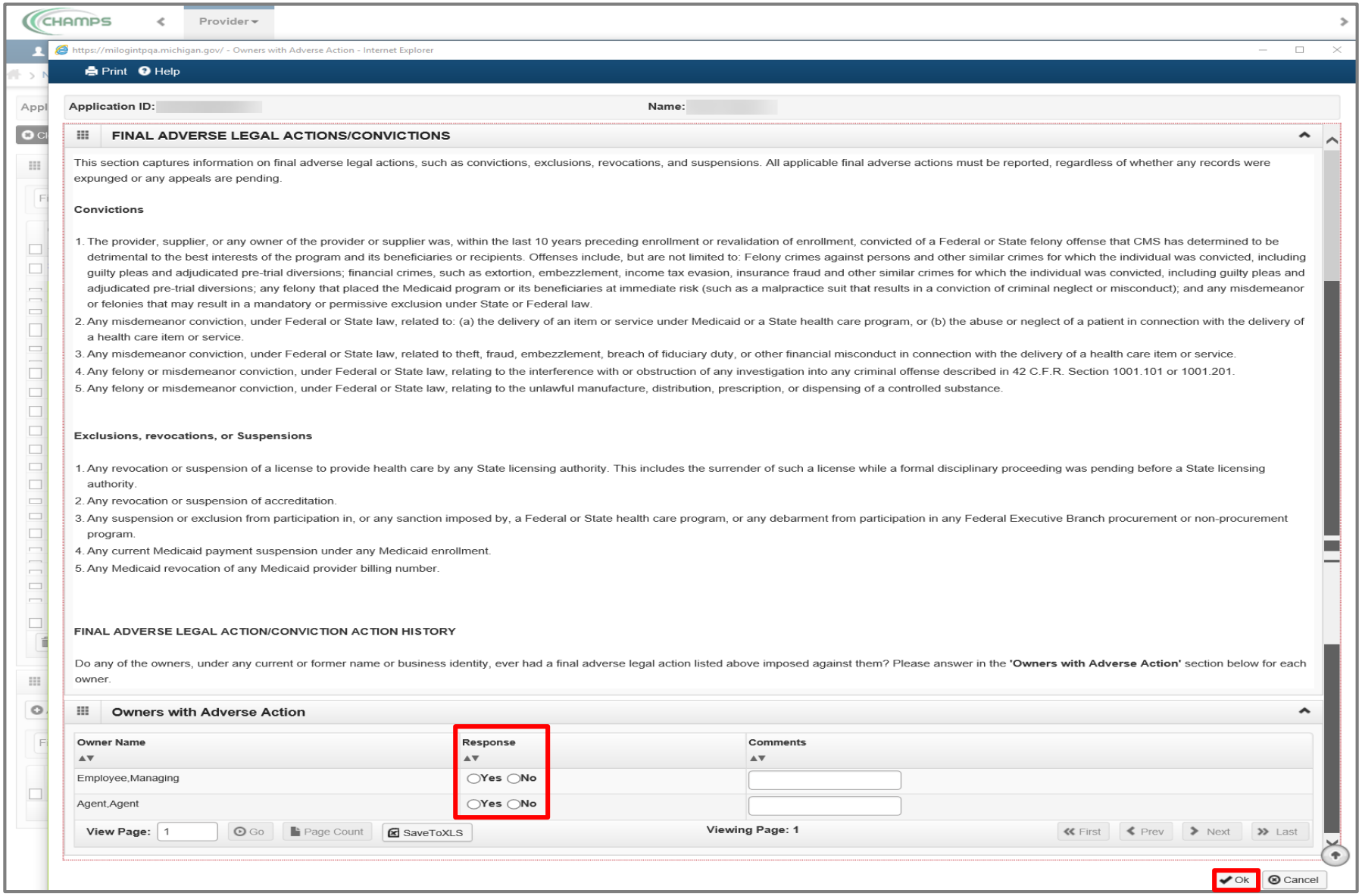


- For the next Selected Owner (Agent, Agent) the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Employee, Managing).
- Once the relationship step for each **Owner Type** is completed, click **Save.**
- Click **Close.**

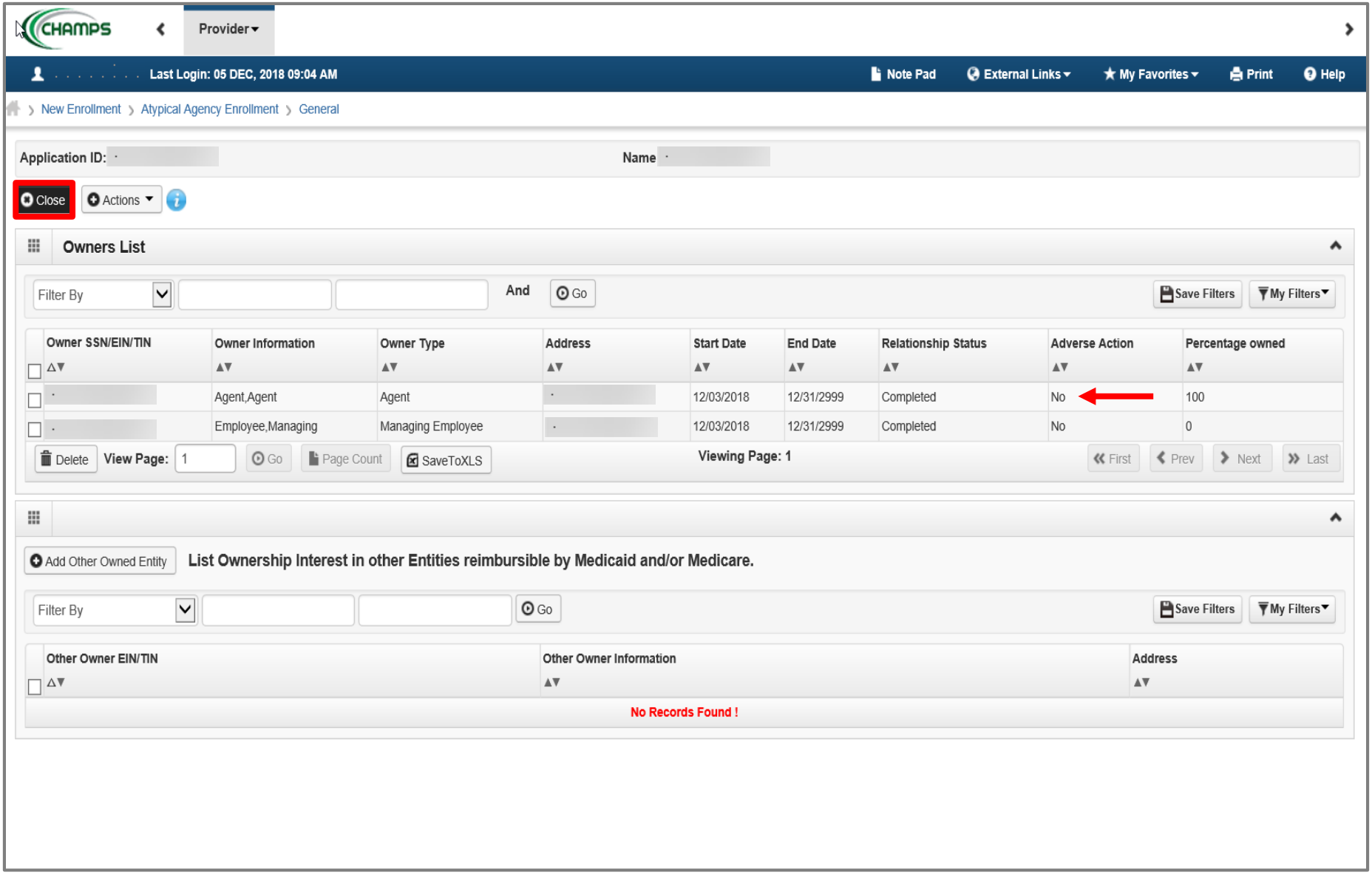


Please Note: The **Relationship Status** shows completed for each Owner.

- In the **Actions** drop-down menu, select **Owners Adverse Action.**



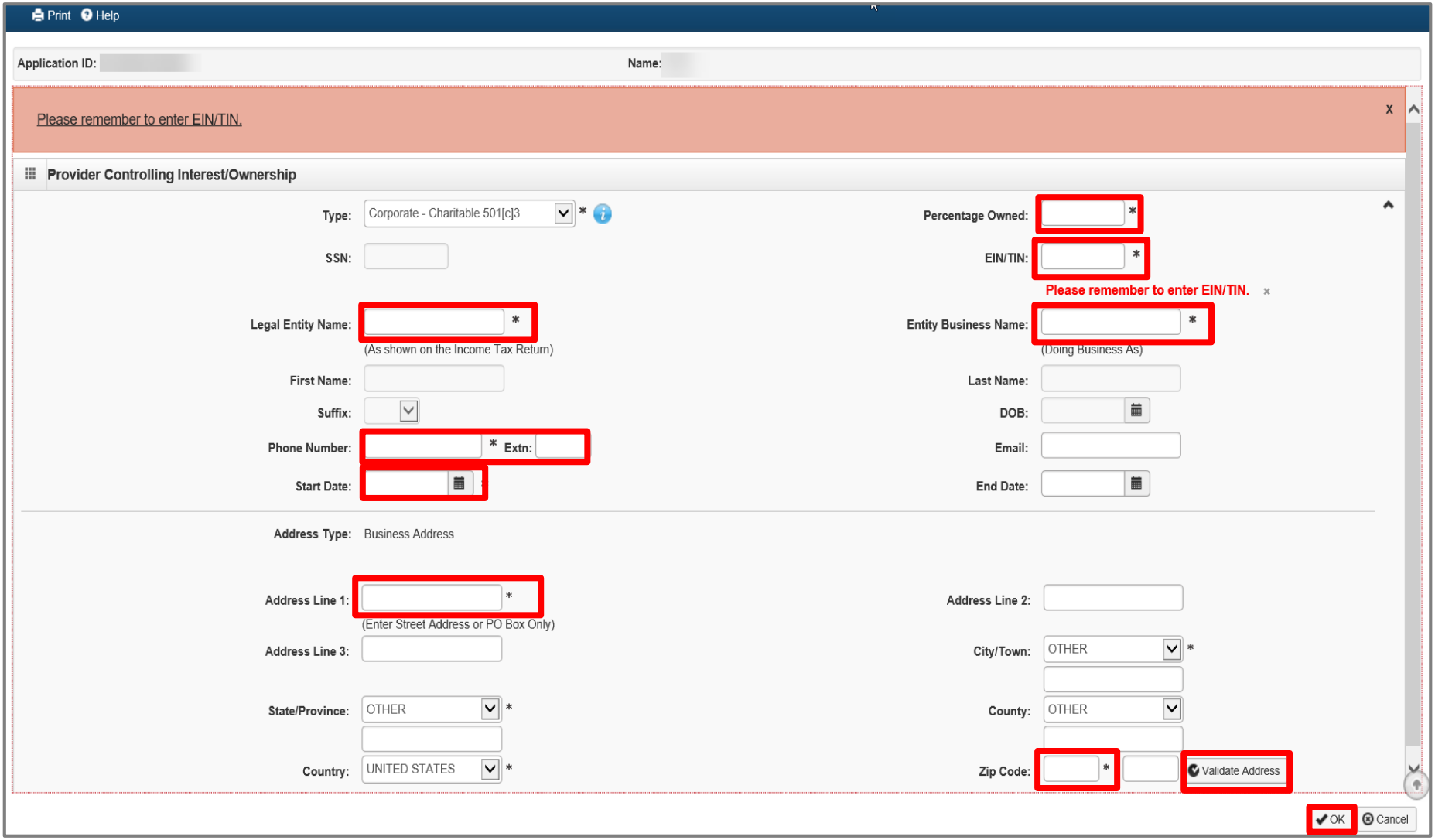
- Read the **Final Adverse Legal Actions/Convictions** statement.
- Answer the questions at the bottom by choosing **yes** or **no** and comment if necessary.
- Click **OK**.



- The Adverse Action column will show Yes or No indicating it's complete.
- Click **Close**.
- Click here for the next step in the Home Help Agency Enrollment.

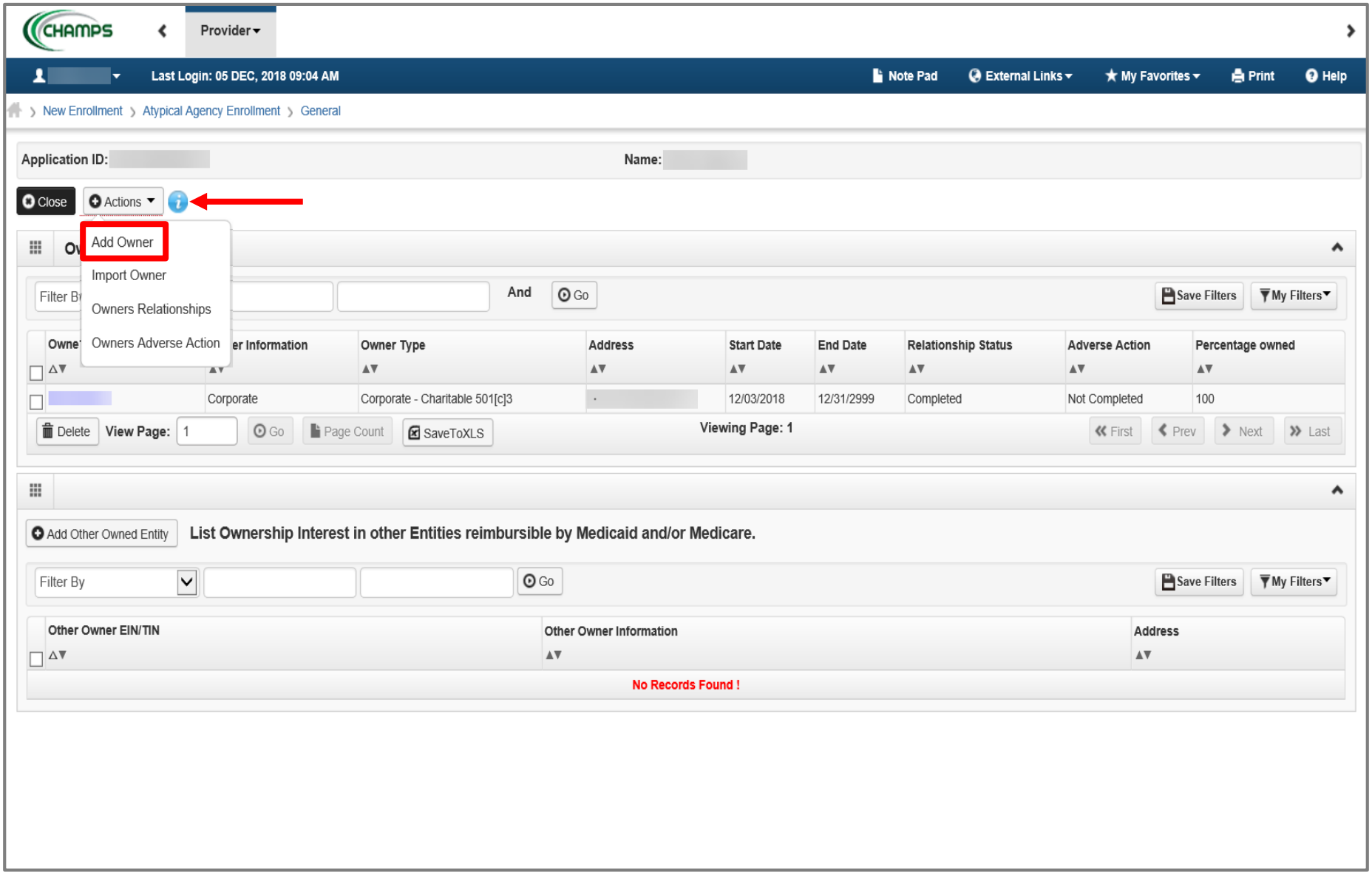
Step 9: Adding Provider Controlling Interest/Ownership Details

These steps are only if you are choosing **Corporate-Charitable 501(c)3, Corporate-Non Charitable, Holding Company, or Limited Liability Company.**



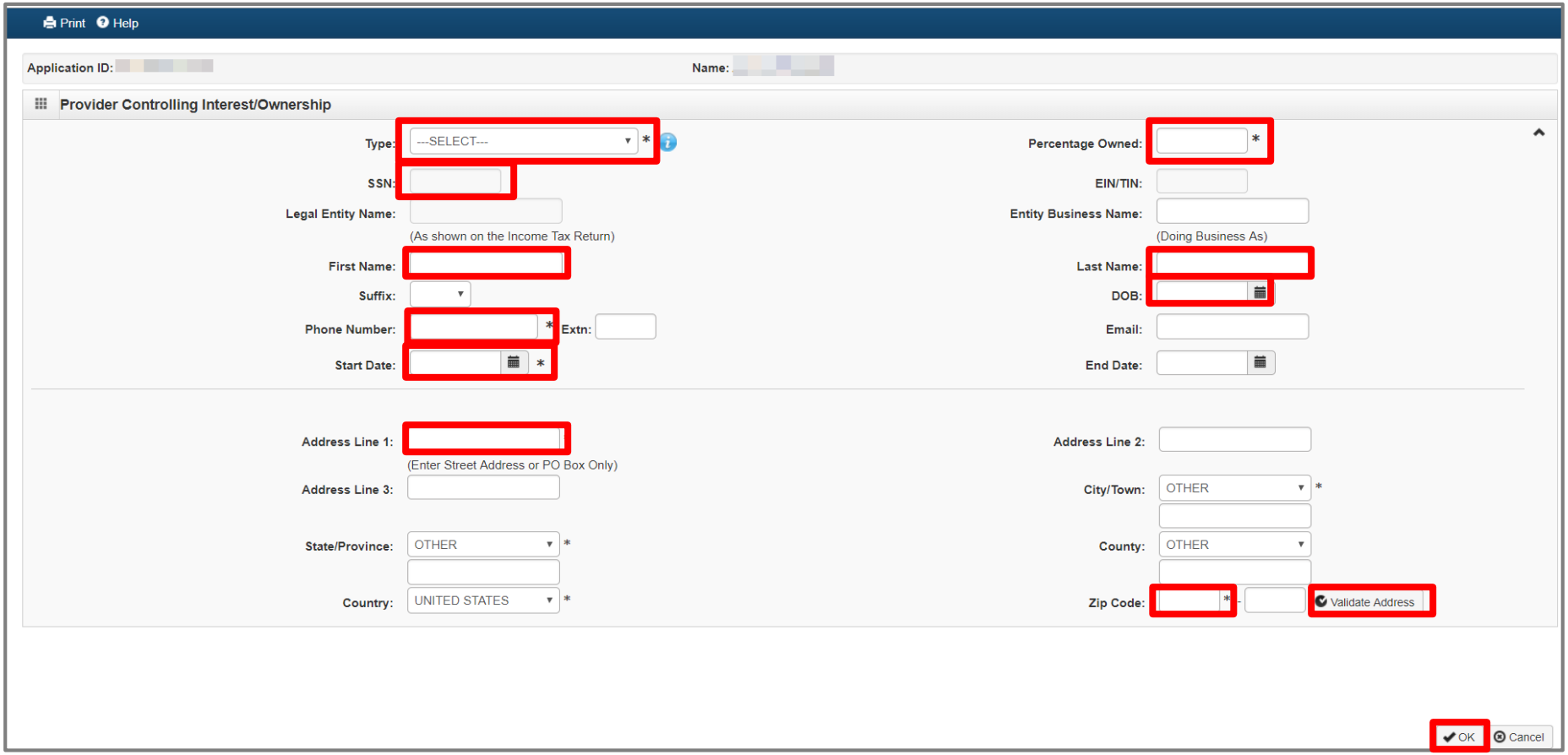
- Enter the required information, indicated by an asterisk (*): Percentage Owned, EIN/TIN, Legal Entity Name, Entity Business Name, Phone Number, Start Date, Address and Zip Code.
- Click **Validate Address**.
- Click **OK**.

Please Note: When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.



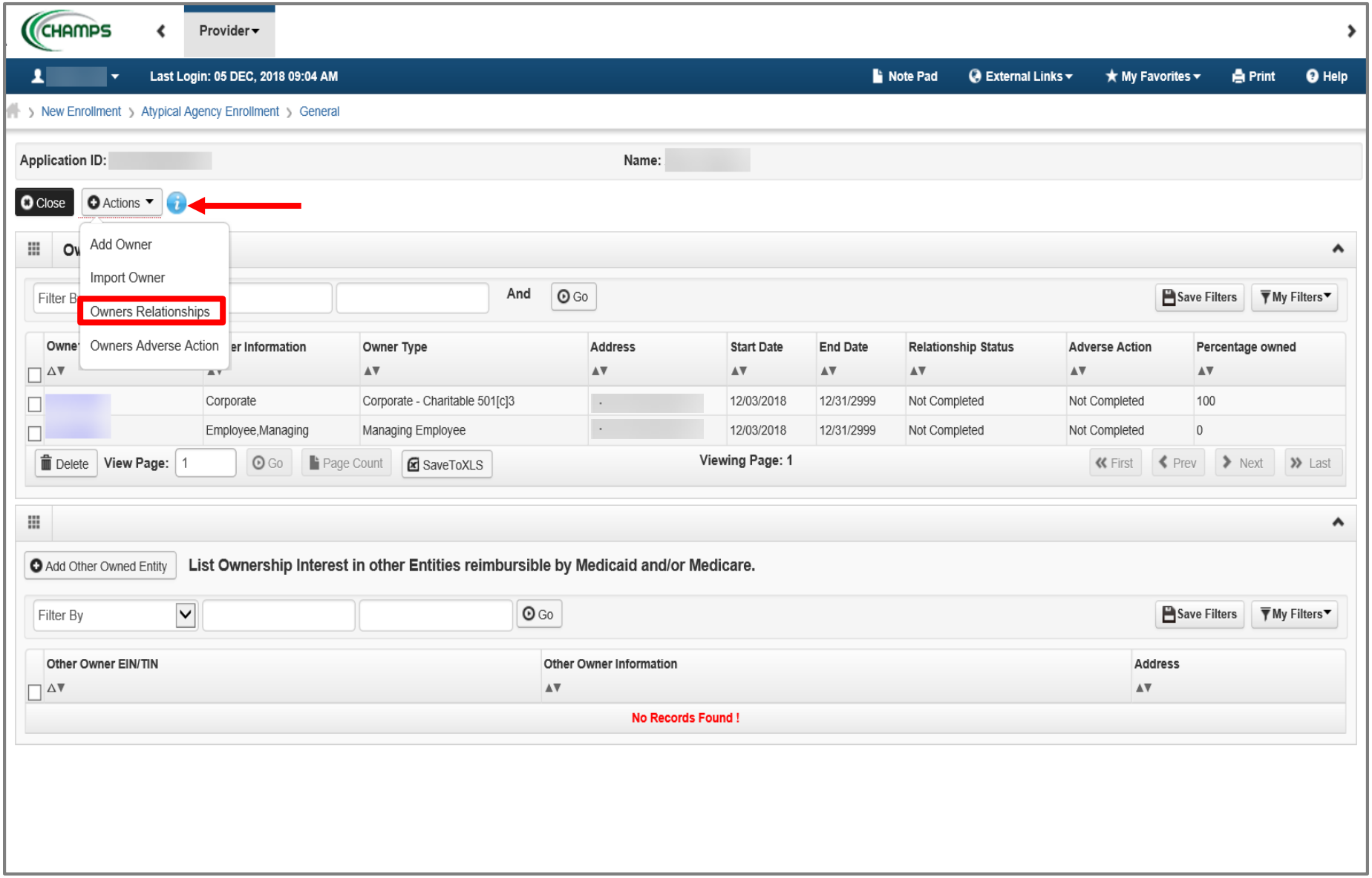
Please Note: The Corporate-Charitable will now be listed

- In the **Actions** drop-down menu, select **Add Owner**.



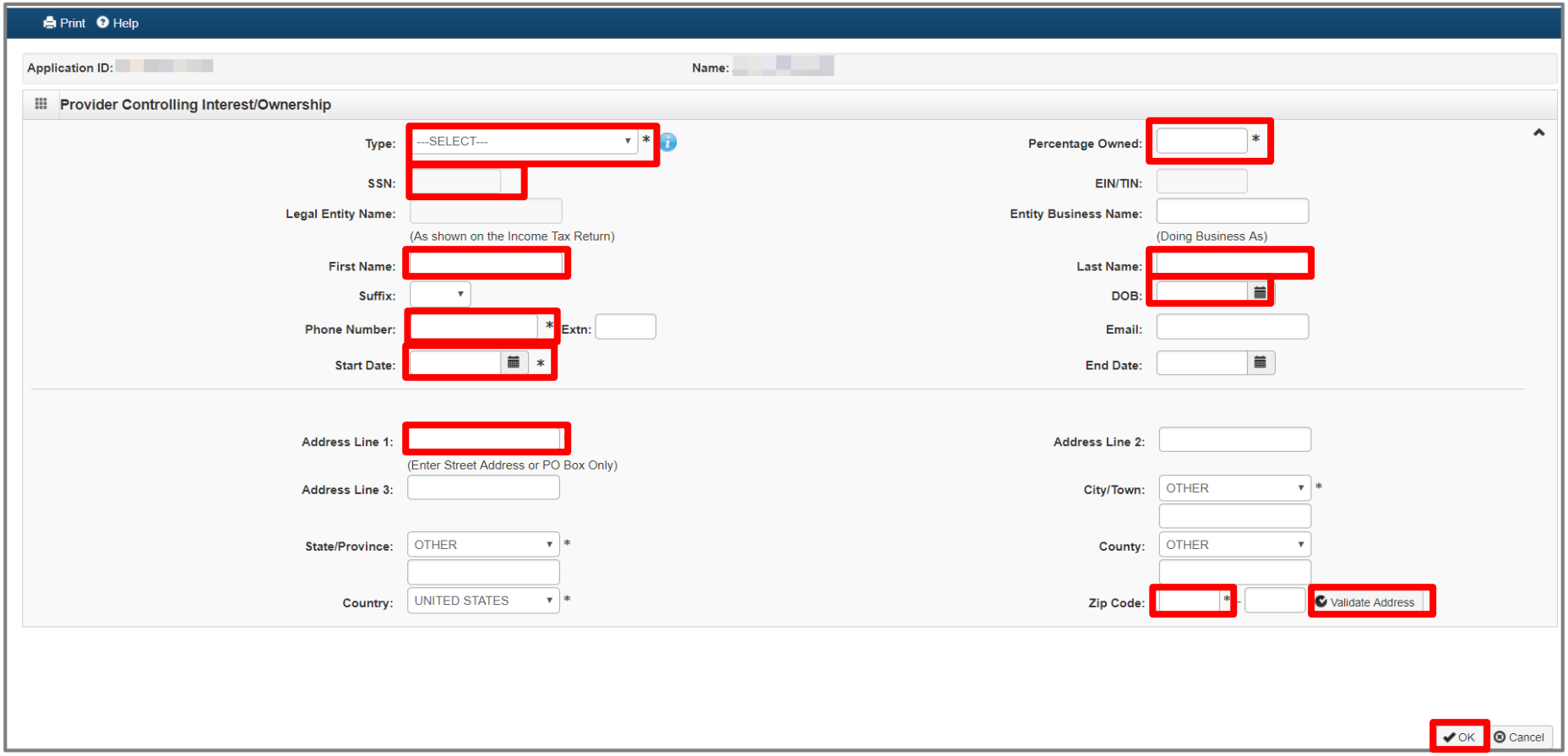
- In the **Type** drop-down menu, select **Managing Employee**. The **Managing Employee** can be the same as the **Owner**.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click **Validate Address**.
- Click **OK**.

Please Note: Type the number zero (0) in the **Percentage Owned** box.
Start Date is always the date you are filling out the application.
When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.



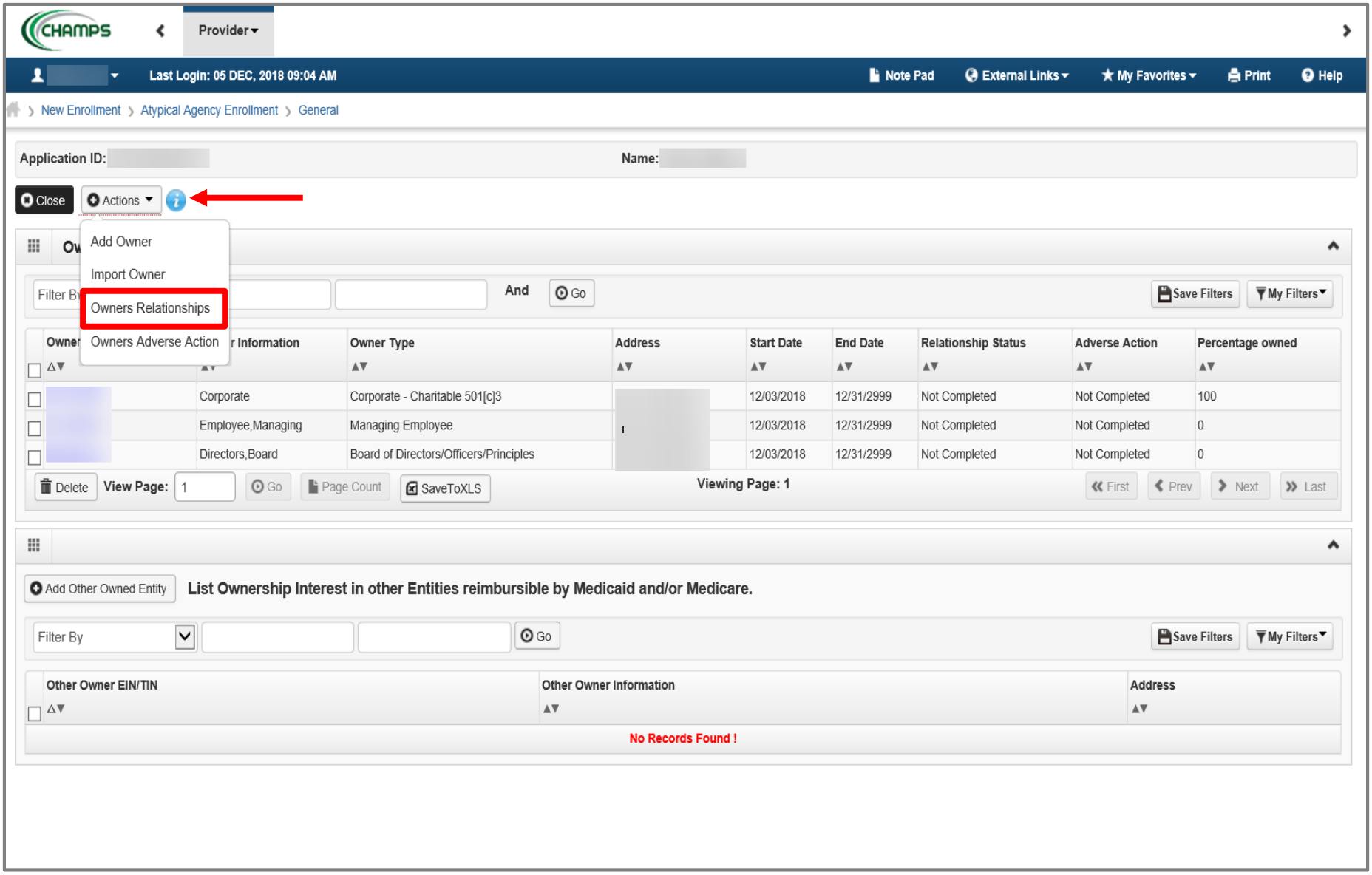
Please Note: Managing Employee is now listed.

- In the **Actions** drop-down menu, select **Owners Relationships**.

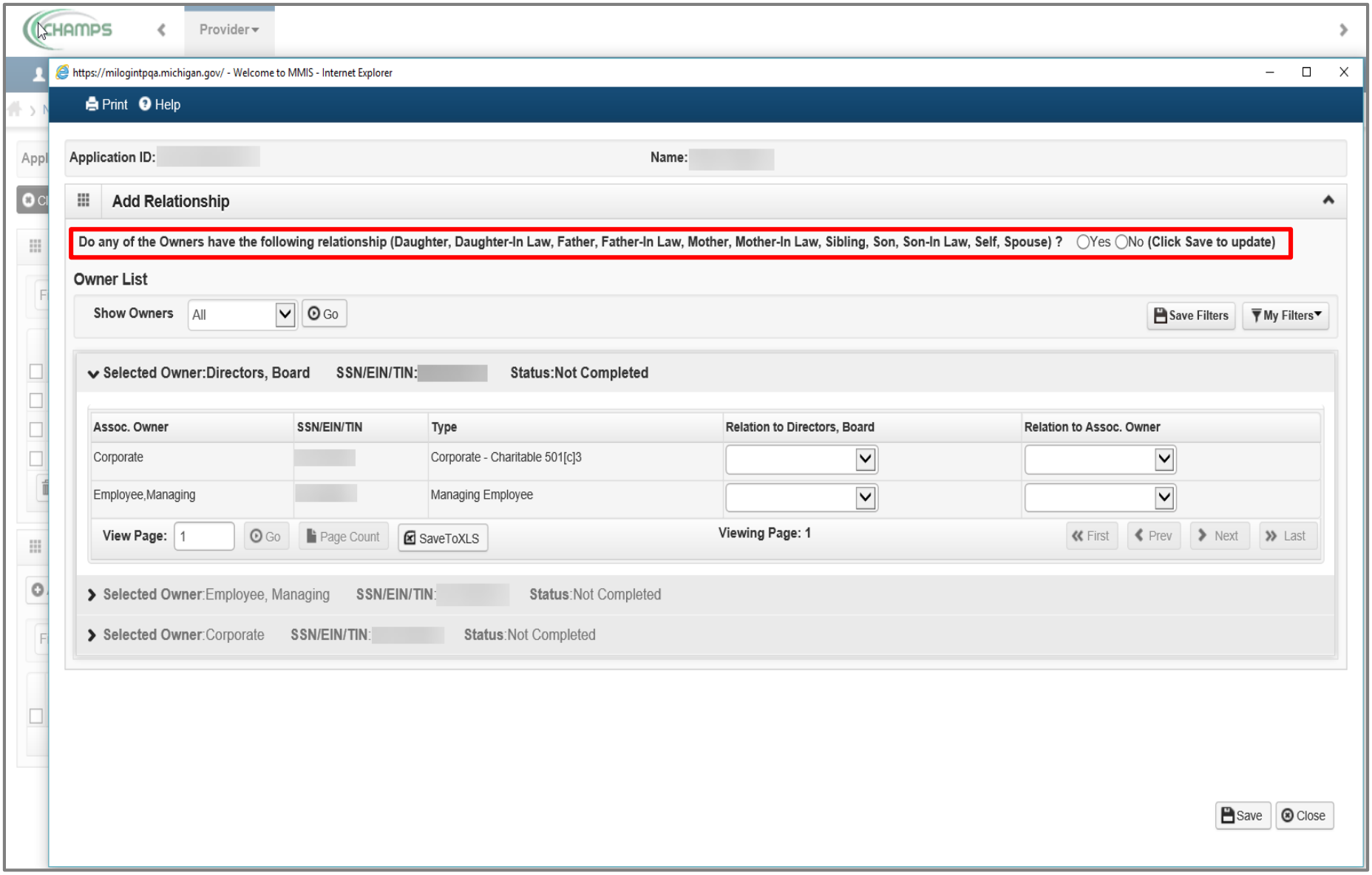


- In the **Type** drop-down menu, select **Board of Directors/Officers/Principles**.
- Enter the required information: SSN, Percentage Owned, First Name, Last Name, DOB, Phone Number, Start Date, Address, Zip Code.
- Click **Validate Address**.
- Click **OK**.

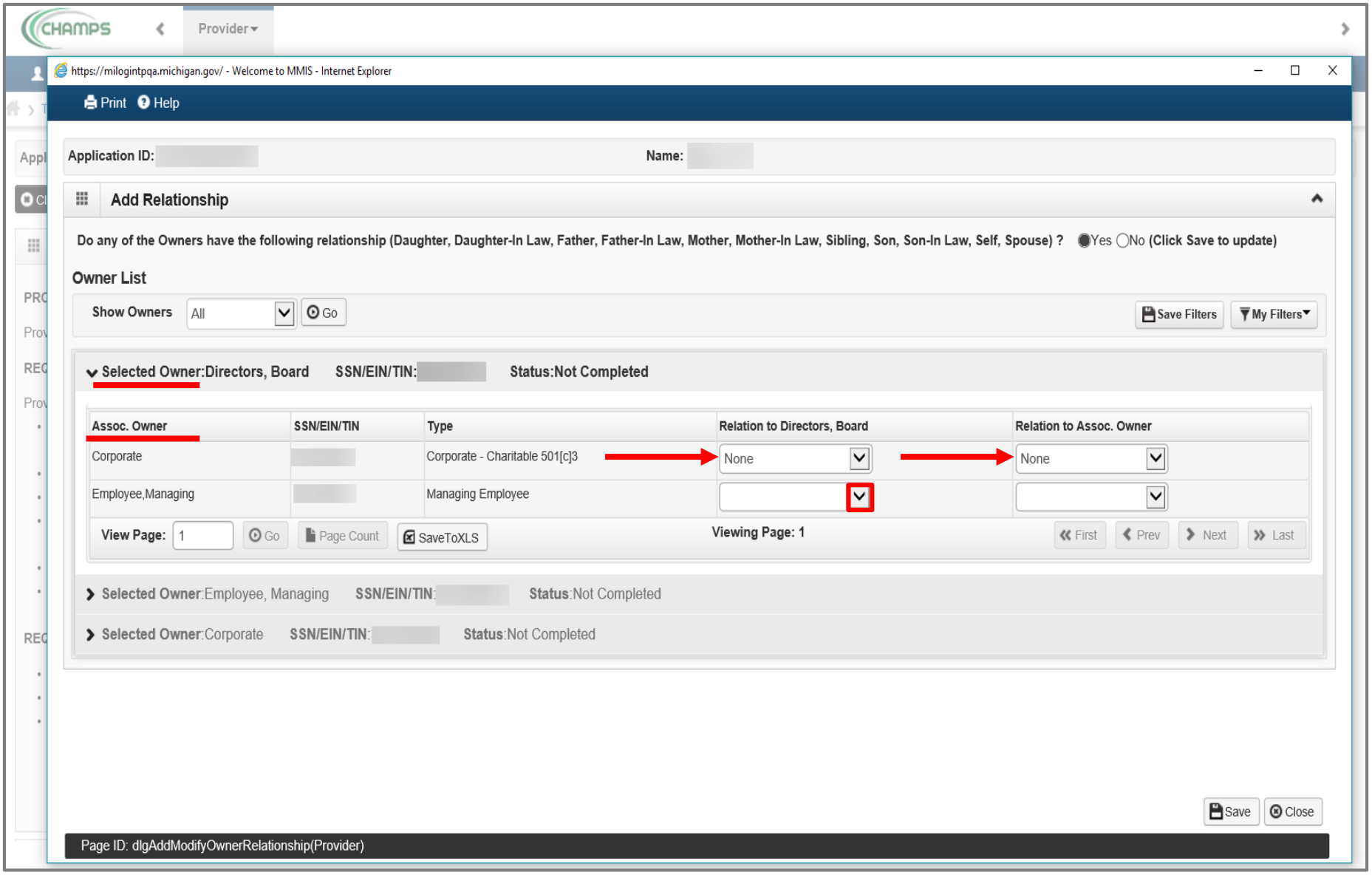
Please Note: Start Date is always the date you are filling out the application.
When the Zip Code is added, and Validate Address is selected, the State, City/Town, and County will automatically fill in.



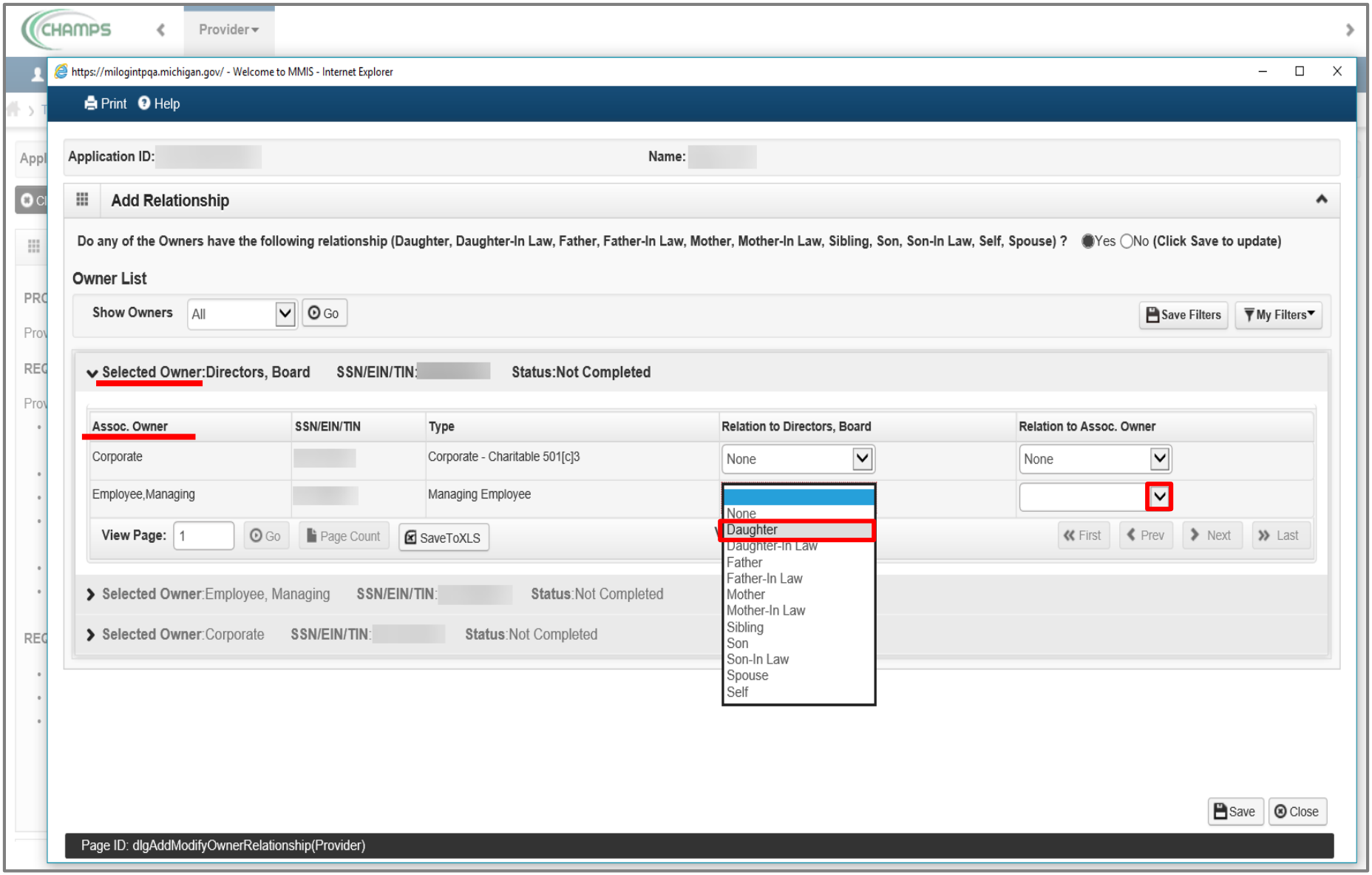
- After entering all required **Owner Types**; in the **Actions** drop-down menu, select **Owners Relationships**.



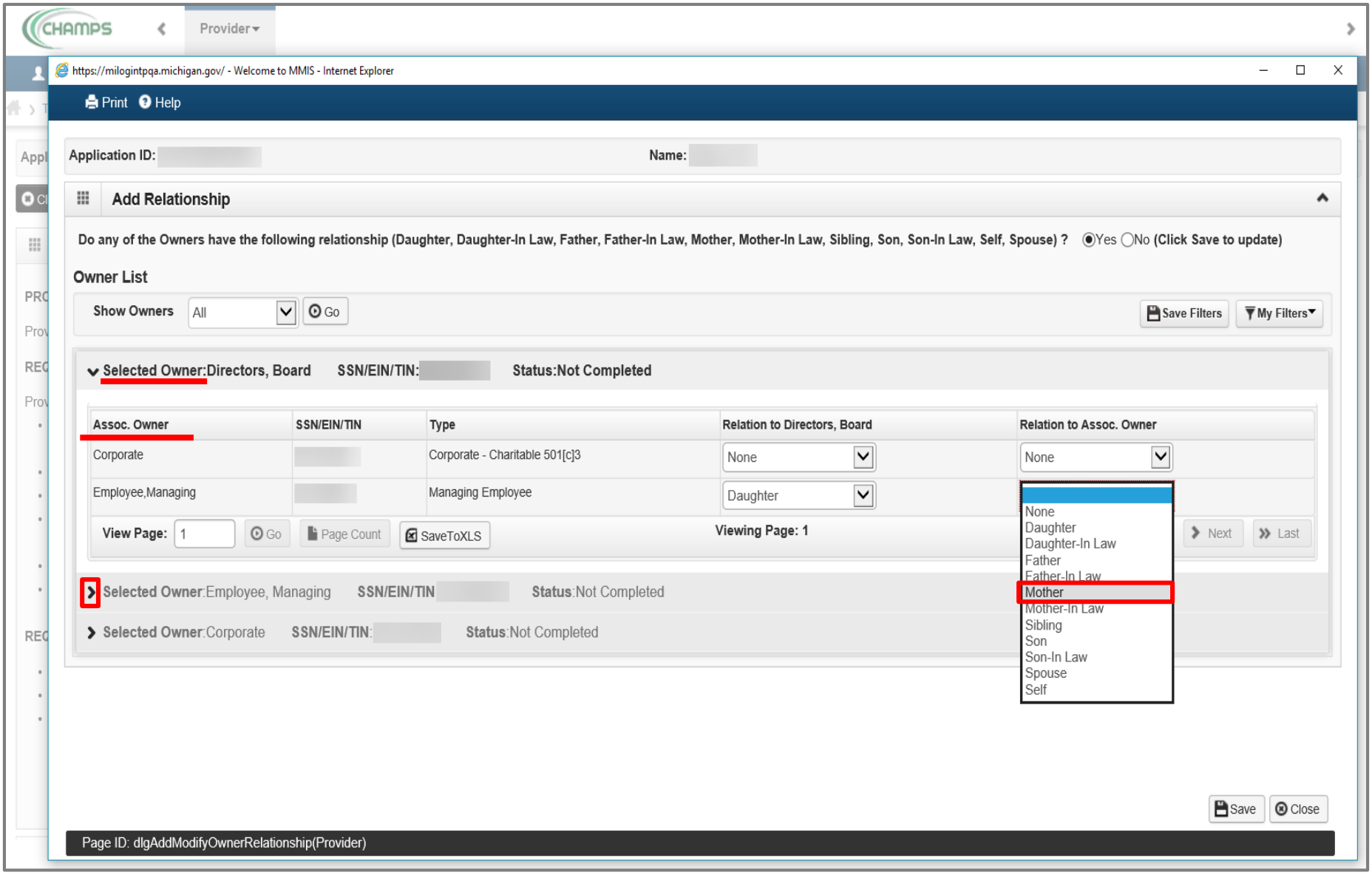
- Answer question (at the top)
- If no relationships exist select No, click Save, read the pop-up message, select Ok, and Close.
  - Click here
- If relationships exist select **Yes**, and continue with presentation



- If Yes, select the relationship between the Associated Owner to the Selected Owner (e.g., the relationship to the Directors from the Associated Owner, Corporate or Employee, Managing) [Associated Owner → Selected Owner]
  - In this example there is no relationship between the Corporation and the Directors
- Click on the **Relation to Directors, Board** drop-down



- Select the Associated Owner's (Employee, Managing) relationship to the Selected Owner (Directors, Board)
- In this example the Managing Employee is the daughter of the Directors
- Click on the **Relation to Assoc. Owner** drop-down



- Select the relationship from Selected Owner (Directors, Board) back to the Associated Owner (Employee, Managing).
- In this example the Director is the mother of the Managing Employee
- Click on **>** to select the relationship(s) for the next Selected Owner

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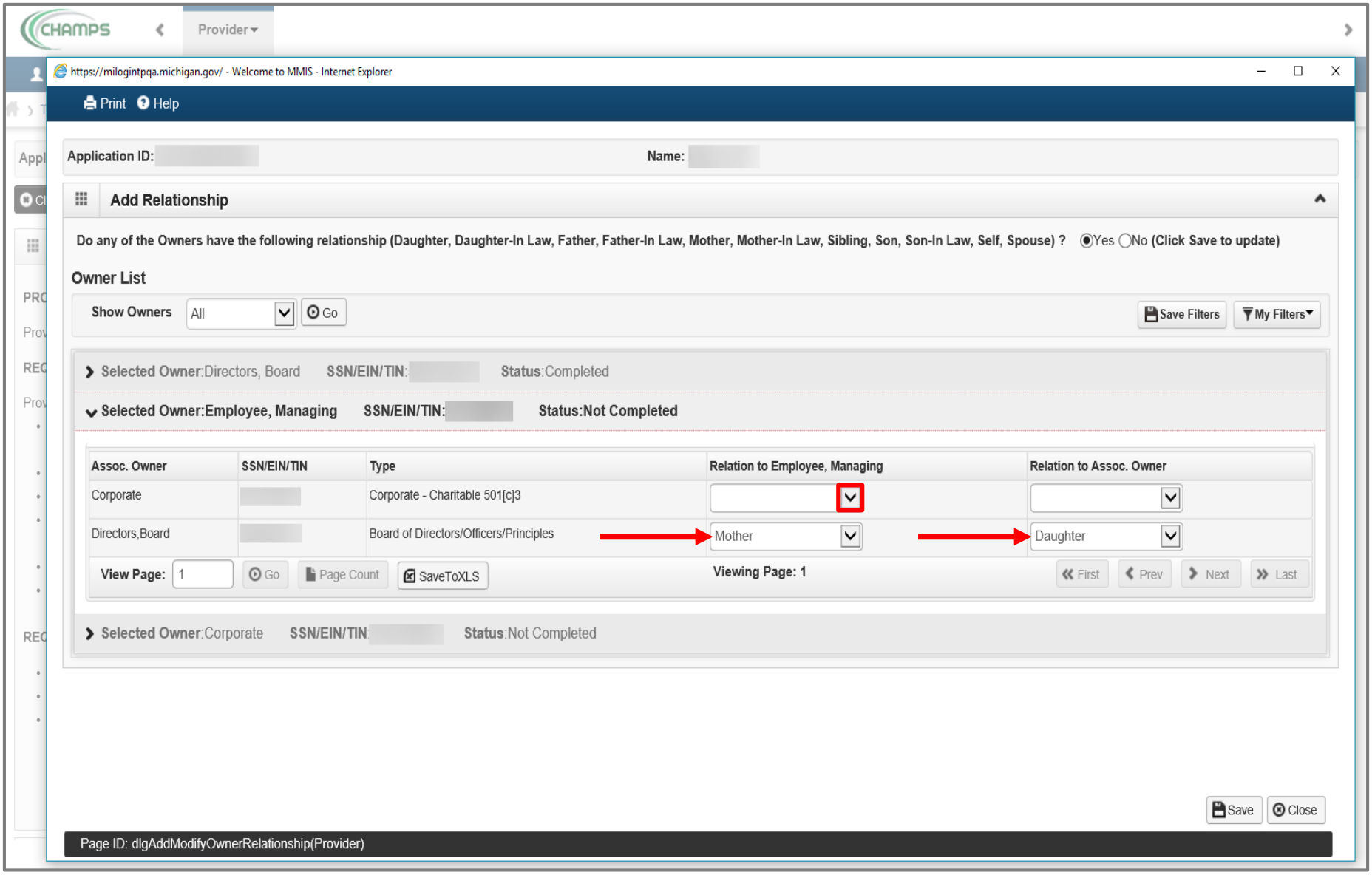
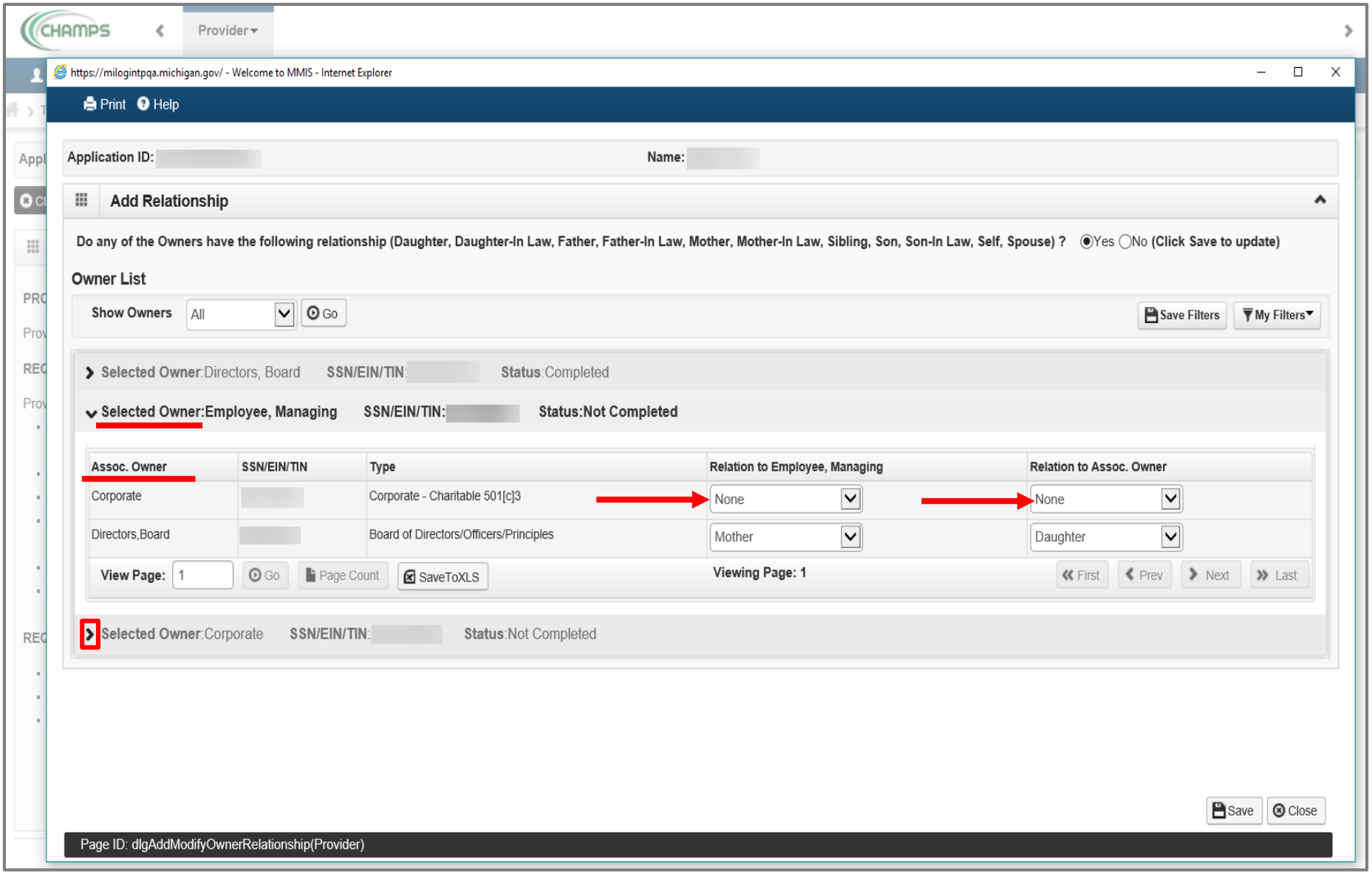
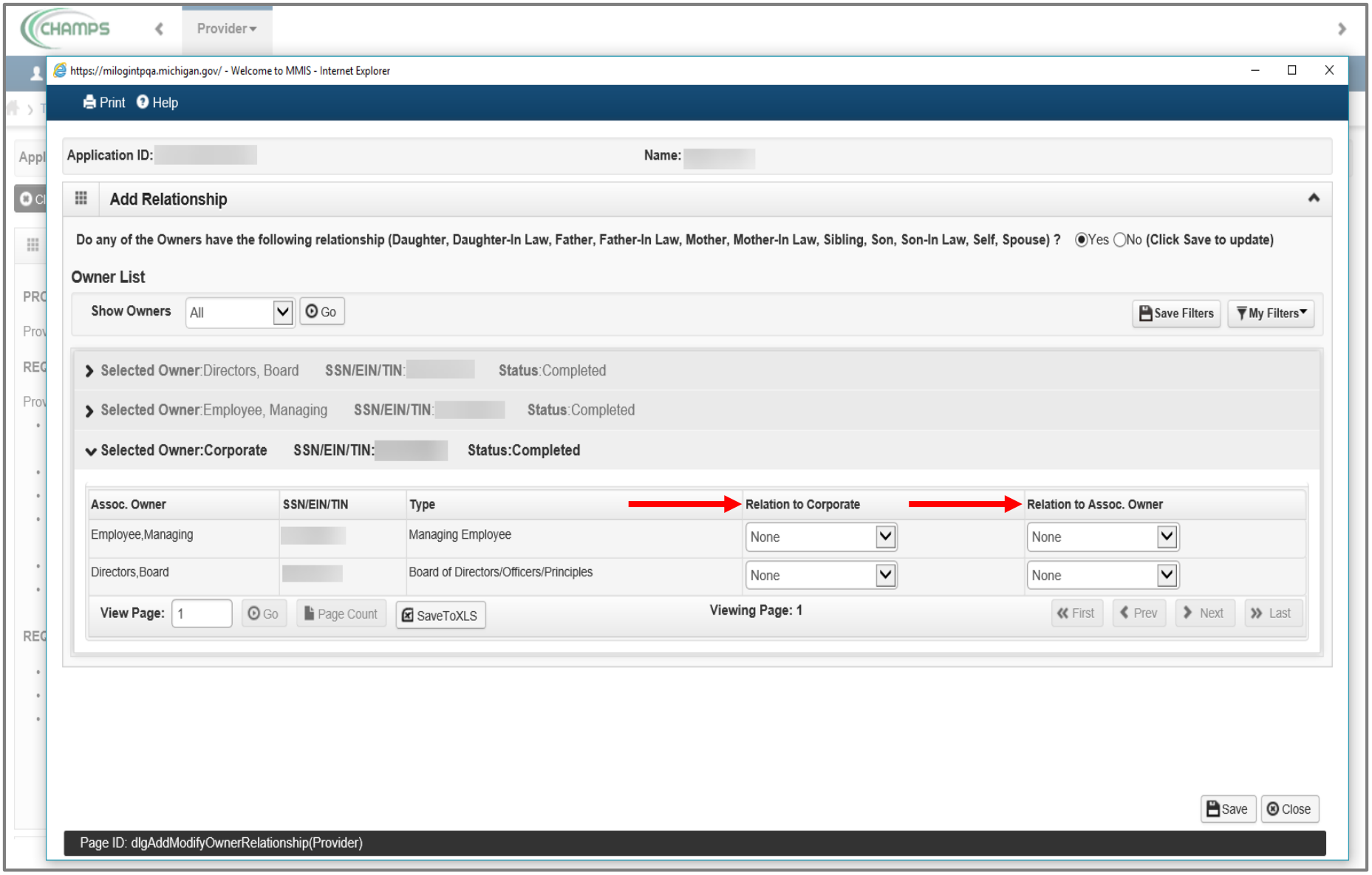


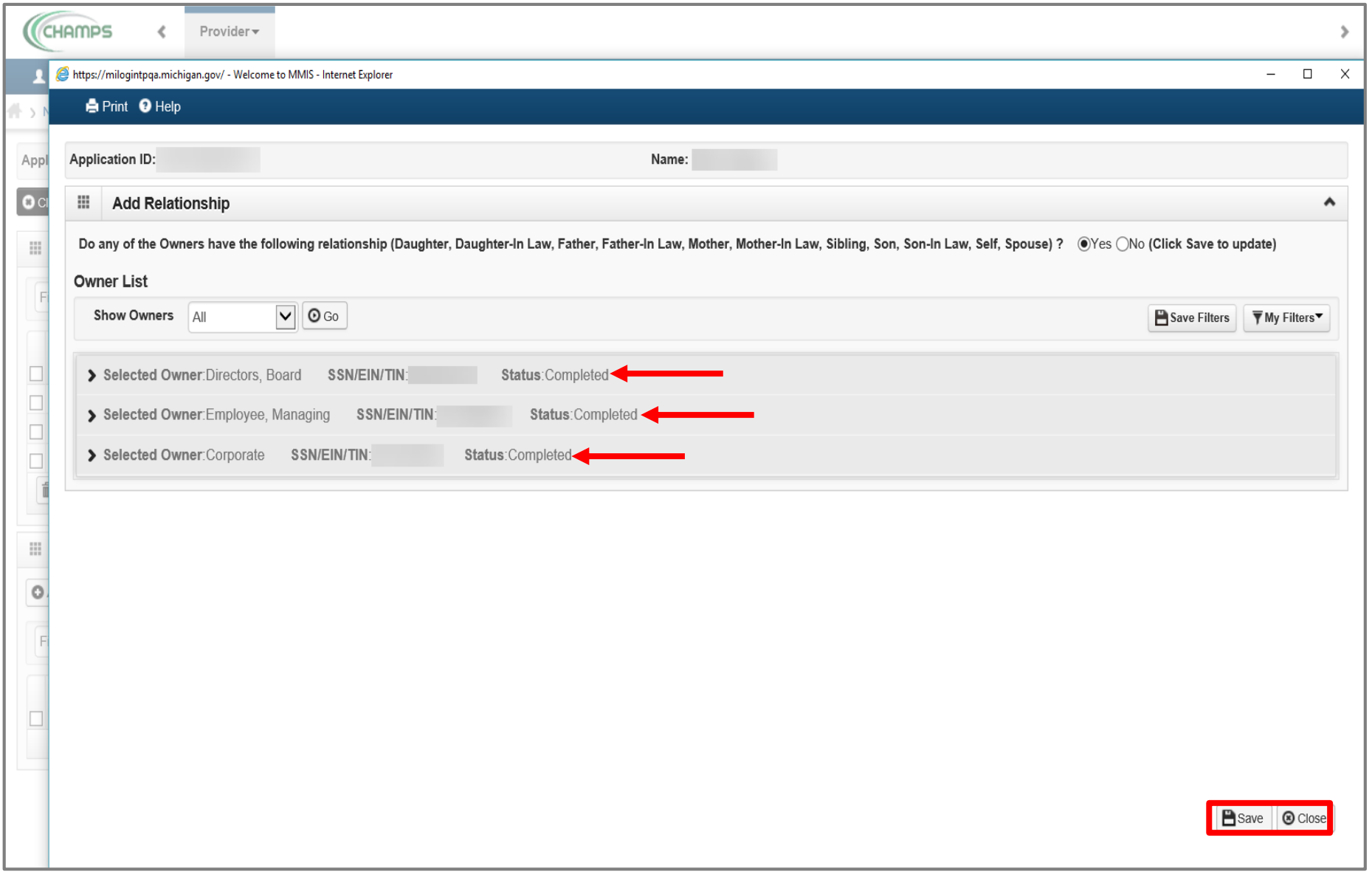
- For the next Selected Owner (Employee, Managing) some of the fields have prepopulated based on the relationship selection made under the previous Selected Owner (Director, Board)
- Click on the **Relation to Employee, Managing** drop-down



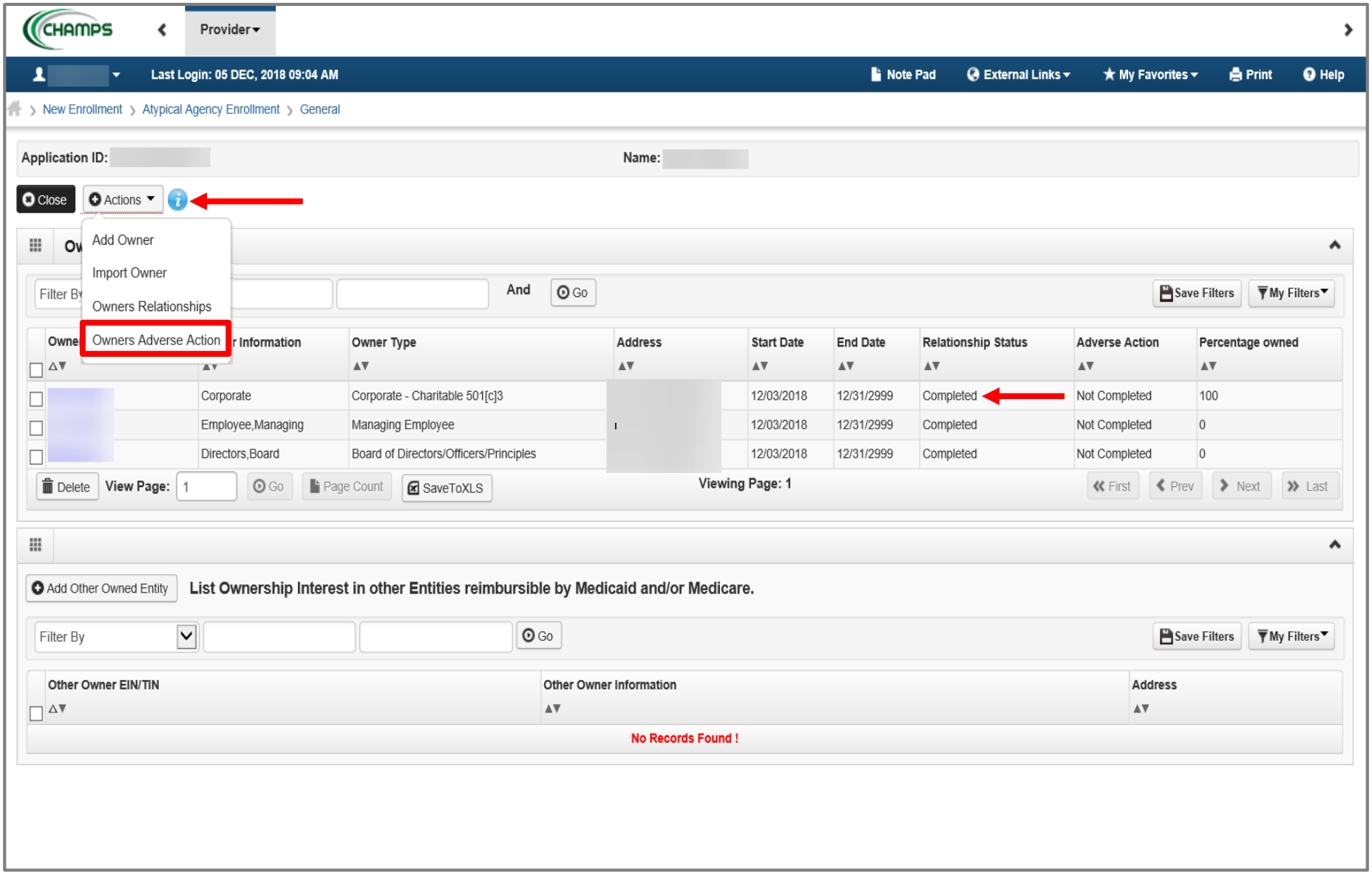
- Select the Associated Owner's (Corporate) relationship to the Selected Owner (Employee, Managing)
- Select the Selected Owner's (Employee, Managing) relationship back to the Associated Owner (Corporate)
  - In both examples, none is selected as there is no relationship between the Selected Owner and Associated Owner.
- Click on **>** to select the relationship(s) for the next Selected Owner



- For the next Selected Owner (Corporate) the fields have prepopulated based on the previous relationships chosen

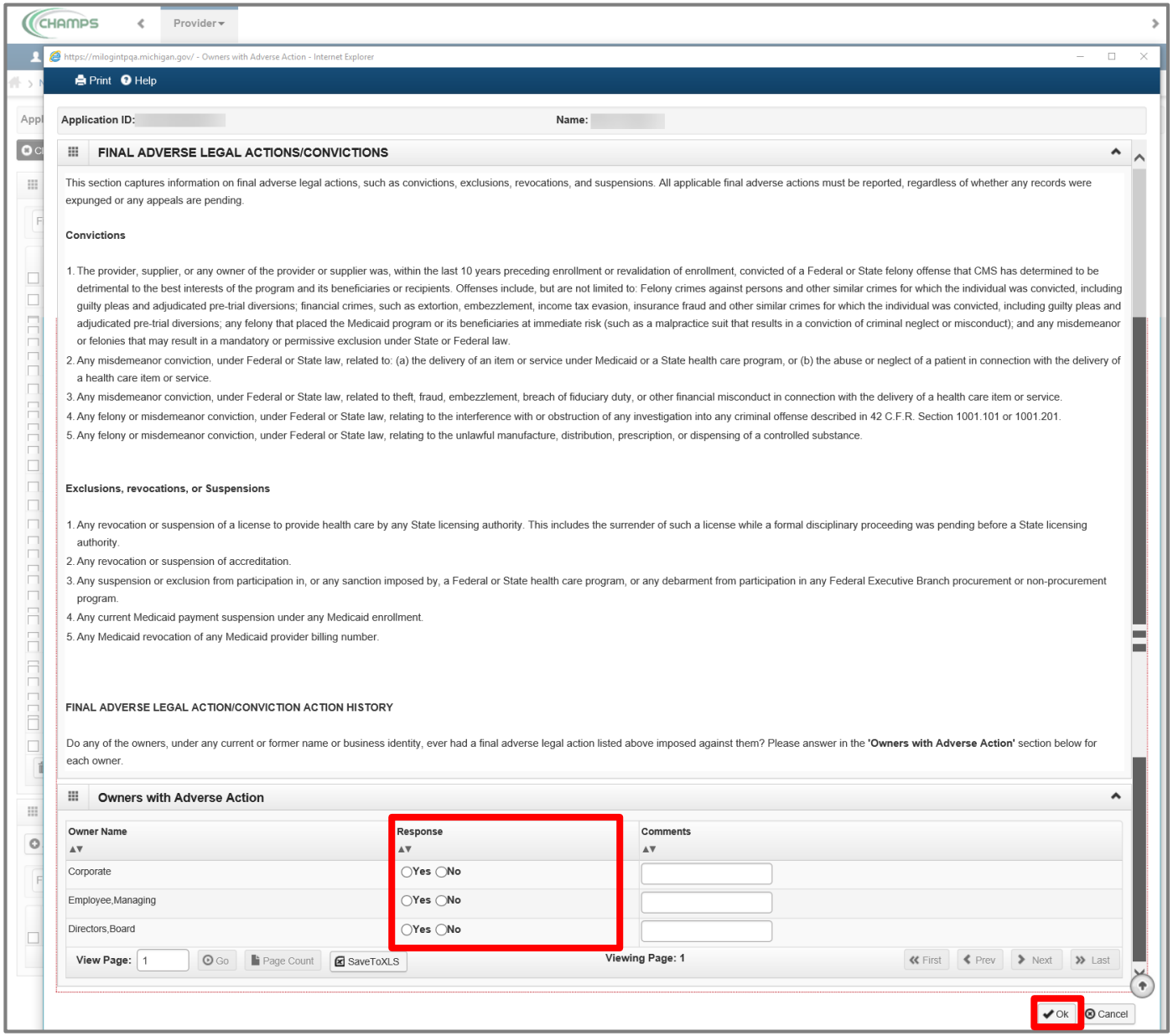


- Once the relationship step for each **Owner Type** is completed, click **Save.**
- Click **Close.**

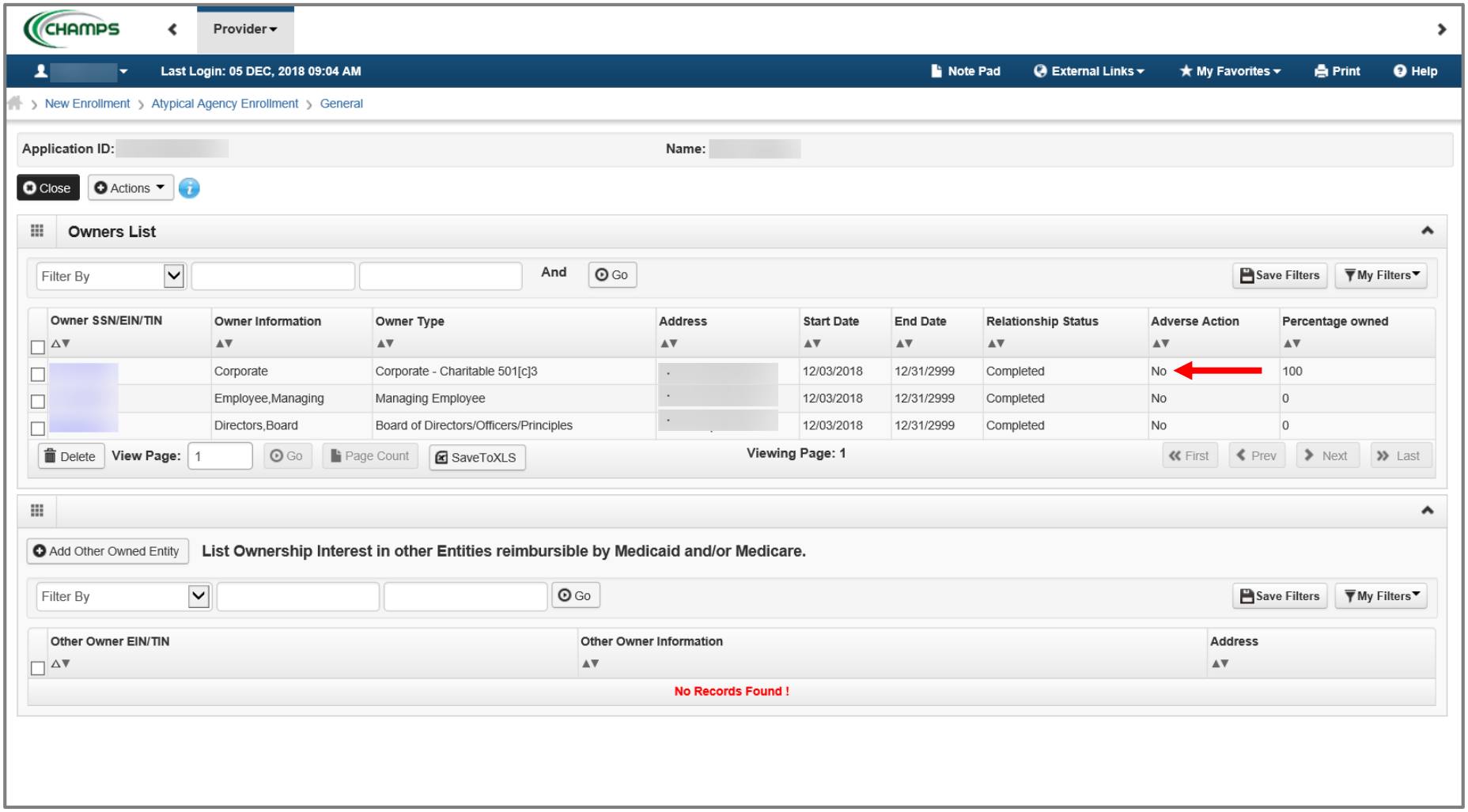


Please Note: The **Relationship Status** shows completed for each Owner.

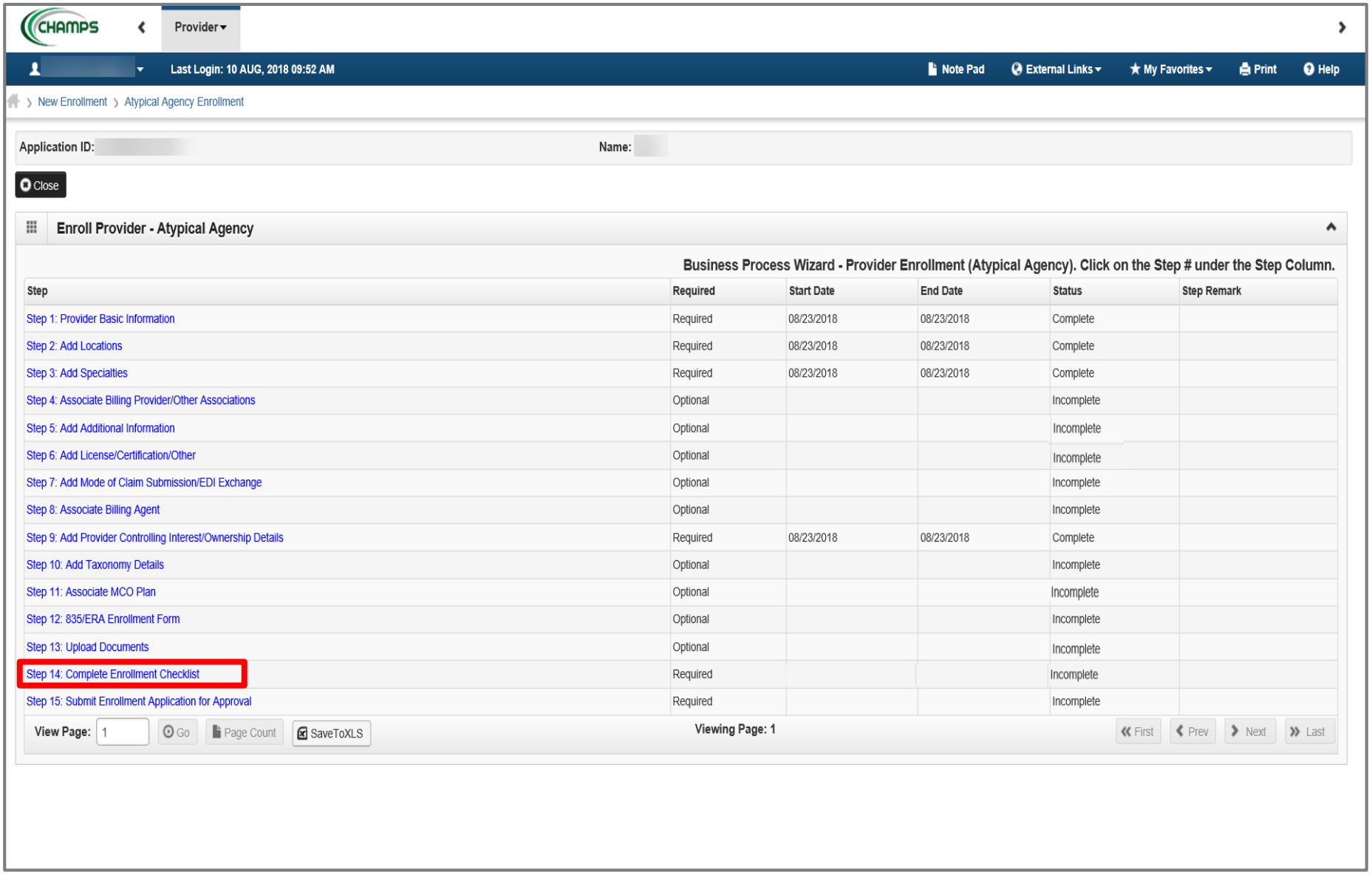
- In the **Actions** drop-down menu, select **Owners Adverse Action.**



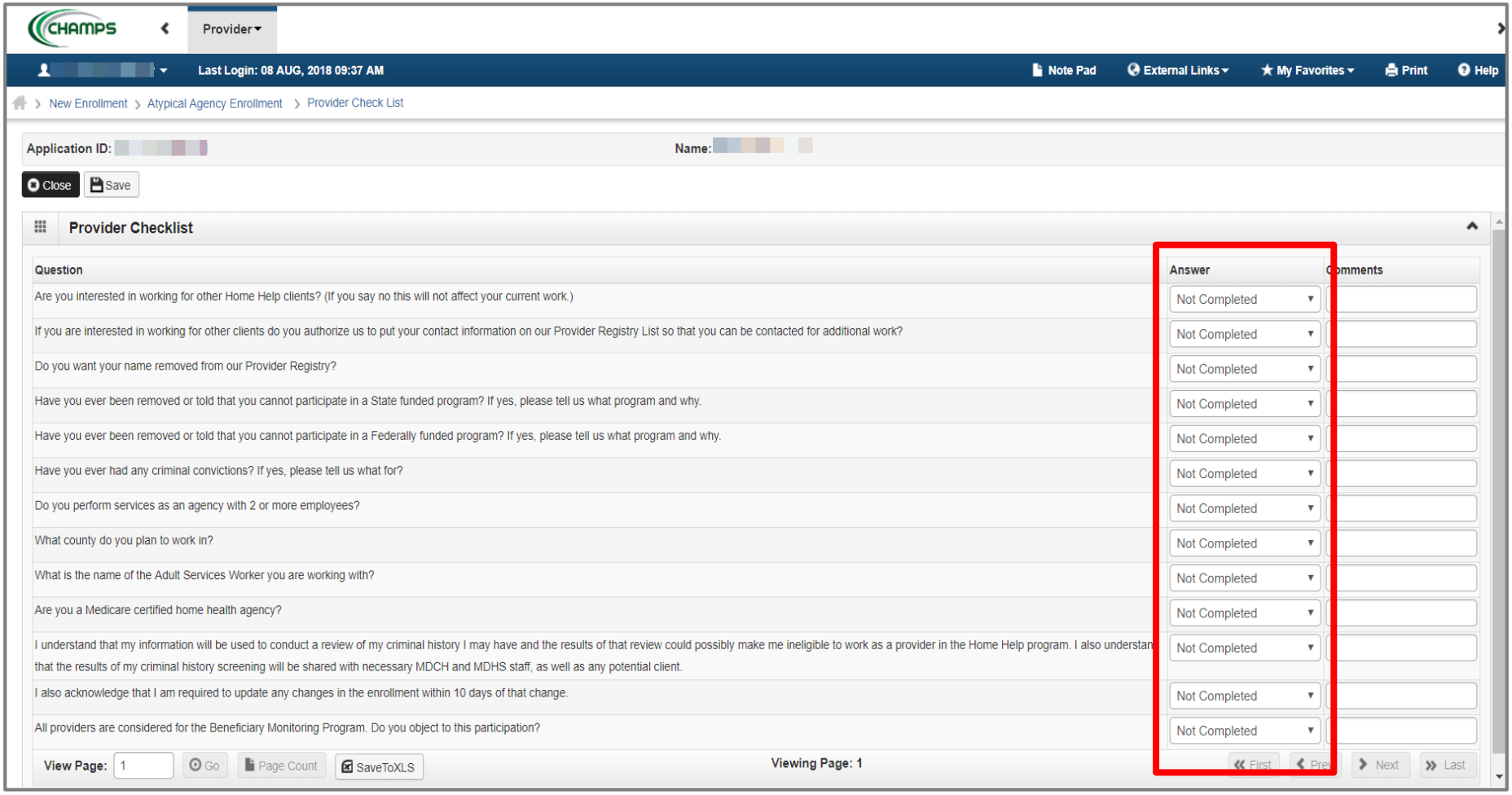
- Read the **Final Adverse Legal Actions/Convictions** statement.
- Answer the questions at the bottom by choosing **Yes** or **No** and comment if necessary.
- Click **OK**.



- The **Adverse Action** column will show Yes or No indicating it's complete.
- Click **Close** to return to the remaining enrollment steps to be completed



- Click **Step 14: Complete Enrollment Checklist**.



- Answer all of the **Provider Checklist** questions by choosing **Yes** or **No** from each drop-down menu in the **Answer** column. If an answer is required, choose **Yes** and put the answer in **Comments**.
- Click **Save**.
- Click **Close**.

Please Note: The *County Name*, *Worker Name* and *Clients Name will need to be included* in *the comments box on the appropriate question*

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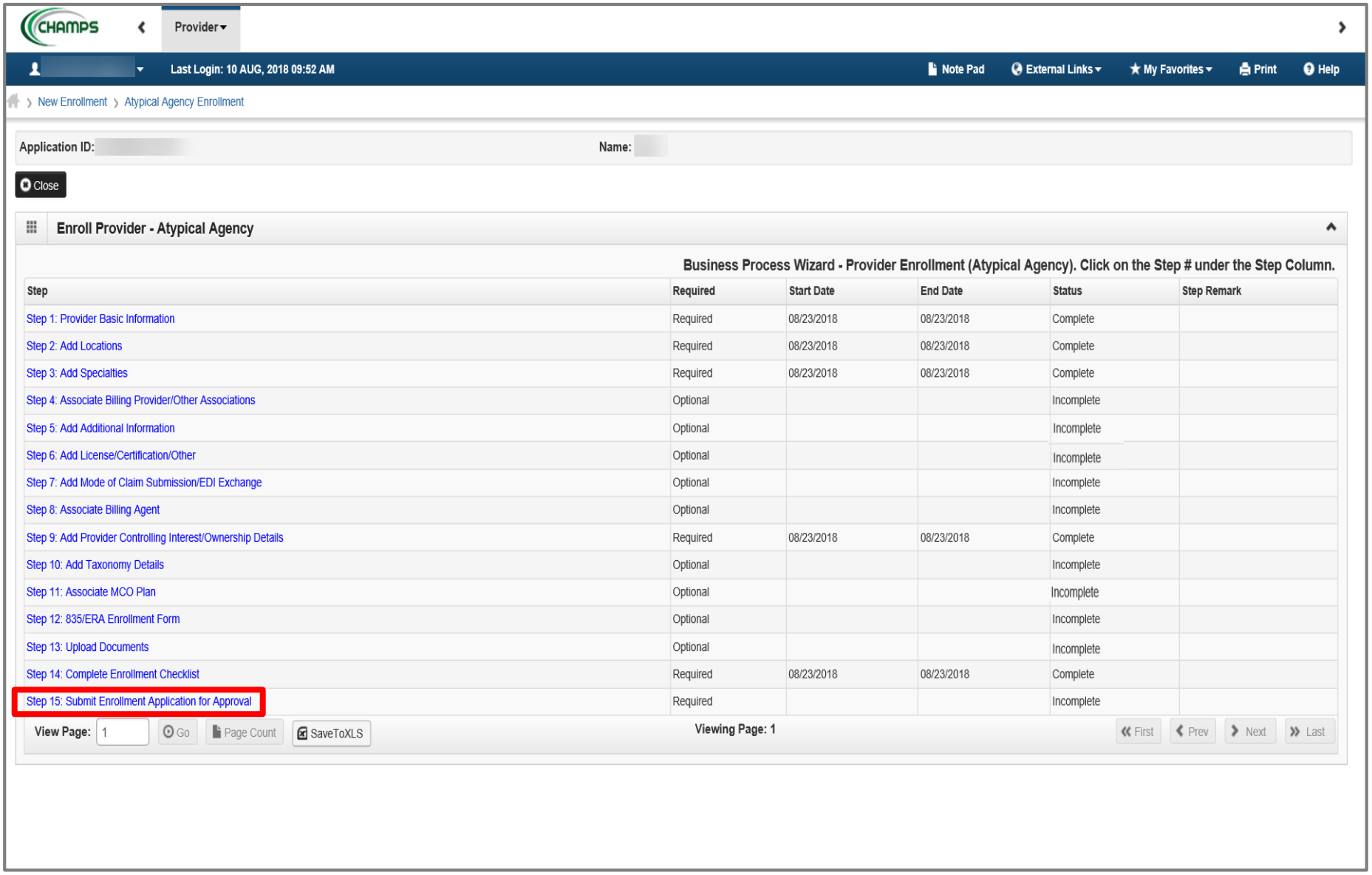

Step	Required	Start Date	End Date	Status	Step Remark
Step 1: Provider Basic Information	Required	08/23/2018	08/23/2018	Complete	
Step 2: Add Locations	Required	08/23/2018	08/23/2018	Complete	
Step 3: Add Specialties	Required	08/23/2018	08/23/2018	Complete	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete	
Step 5: Add Additional Information	Optional			Incomplete	
Step 6: Add License/Certification/Other	Optional			Incomplete	
Step 7: Add Mode of Claim Submission/EDI Exchange	Optional			Incomplete	
Step 8: Associate Billing Agent	Optional			Incomplete	
Step 9: Add Provider Controlling Interest/Ownership Details	Required	08/23/2018	08/23/2018	Complete	
Step 10: Add Taxonomy Details	Optional			Incomplete	
Step 11: Associate MCO Plan	Optional			Incomplete	
Step 12: 835/ERA Enrollment Form	Optional			Incomplete	
Step 13: Upload Documents	Optional			Incomplete	
Step 14: Complete Enrollment Checklist	Required	08/23/2018	08/23/2018	Complete	
Step 15: Submit Enrollment Application for Approval	Required			Incomplete	

- Click **Step 15: Submit Enrollment Application for Approval.**

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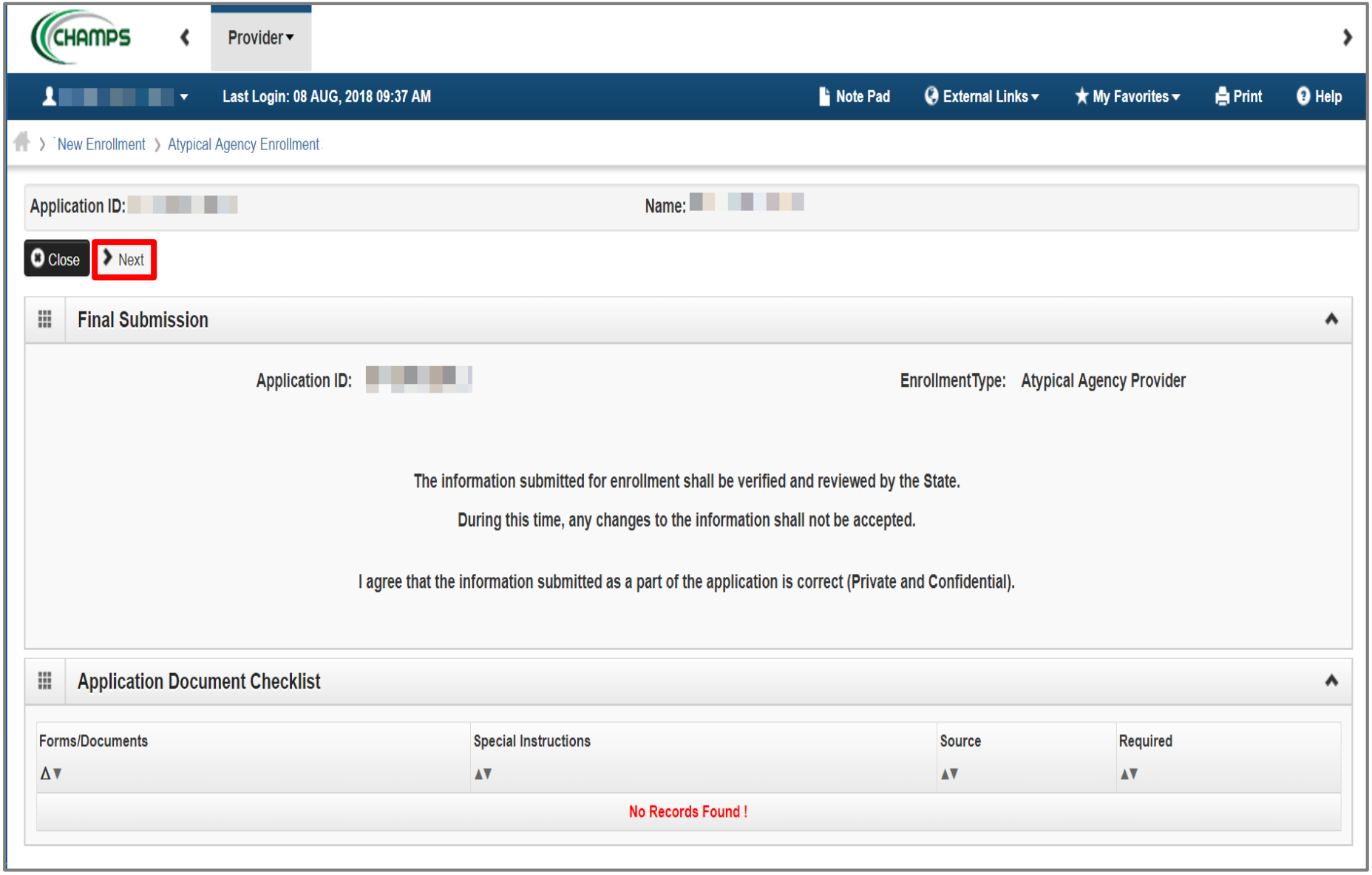
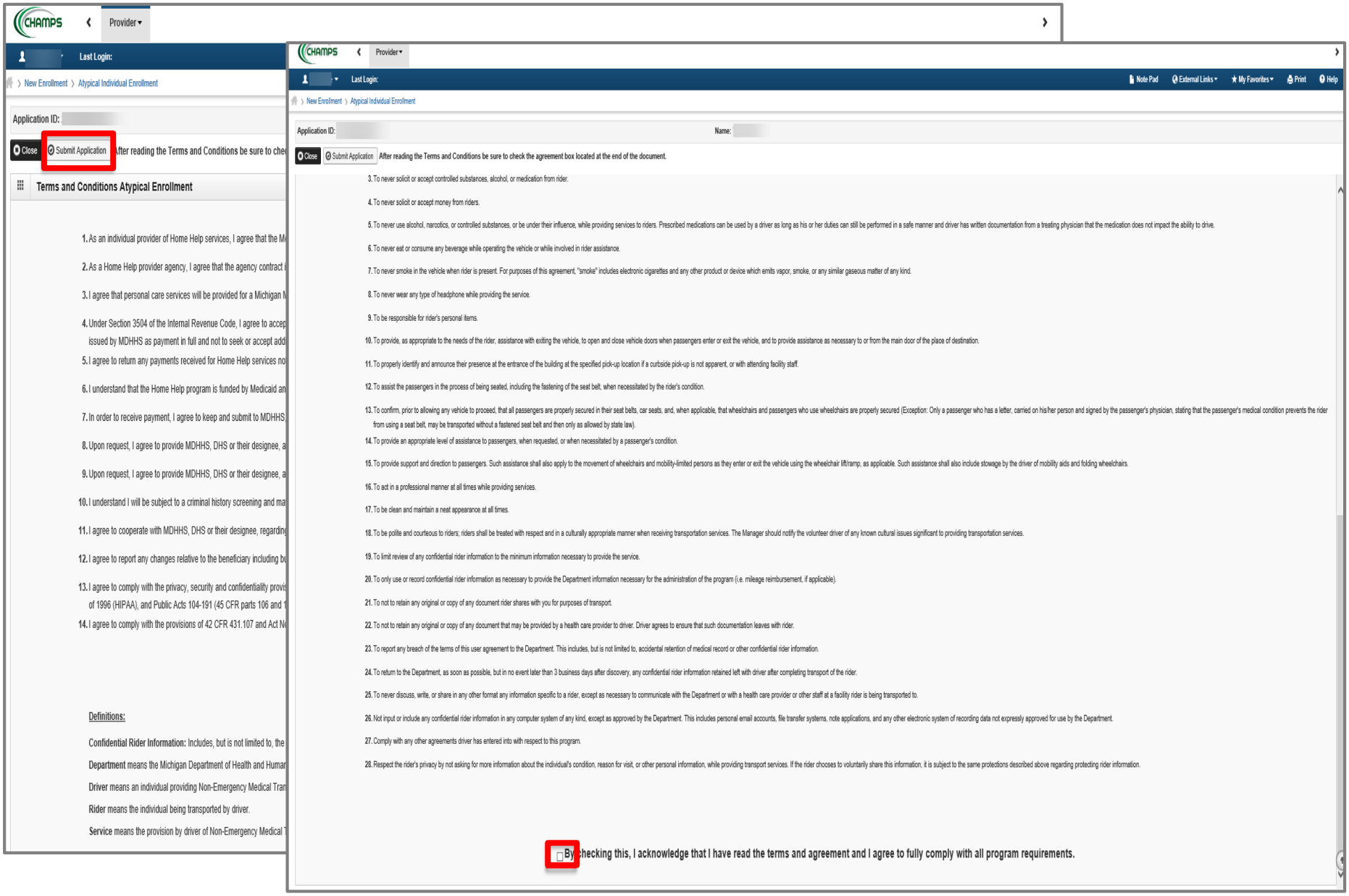


- Click **Next.** By clicking the **Next** button, you "agree that the information submitted as part of the application is correct (Private and Confidential)."



- Read the **Terms and Conditions Atypical Enrollment** statement.
- Check the box at the *bottom* indicating you have read and agree to the terms.
- Click **Submit Application**.

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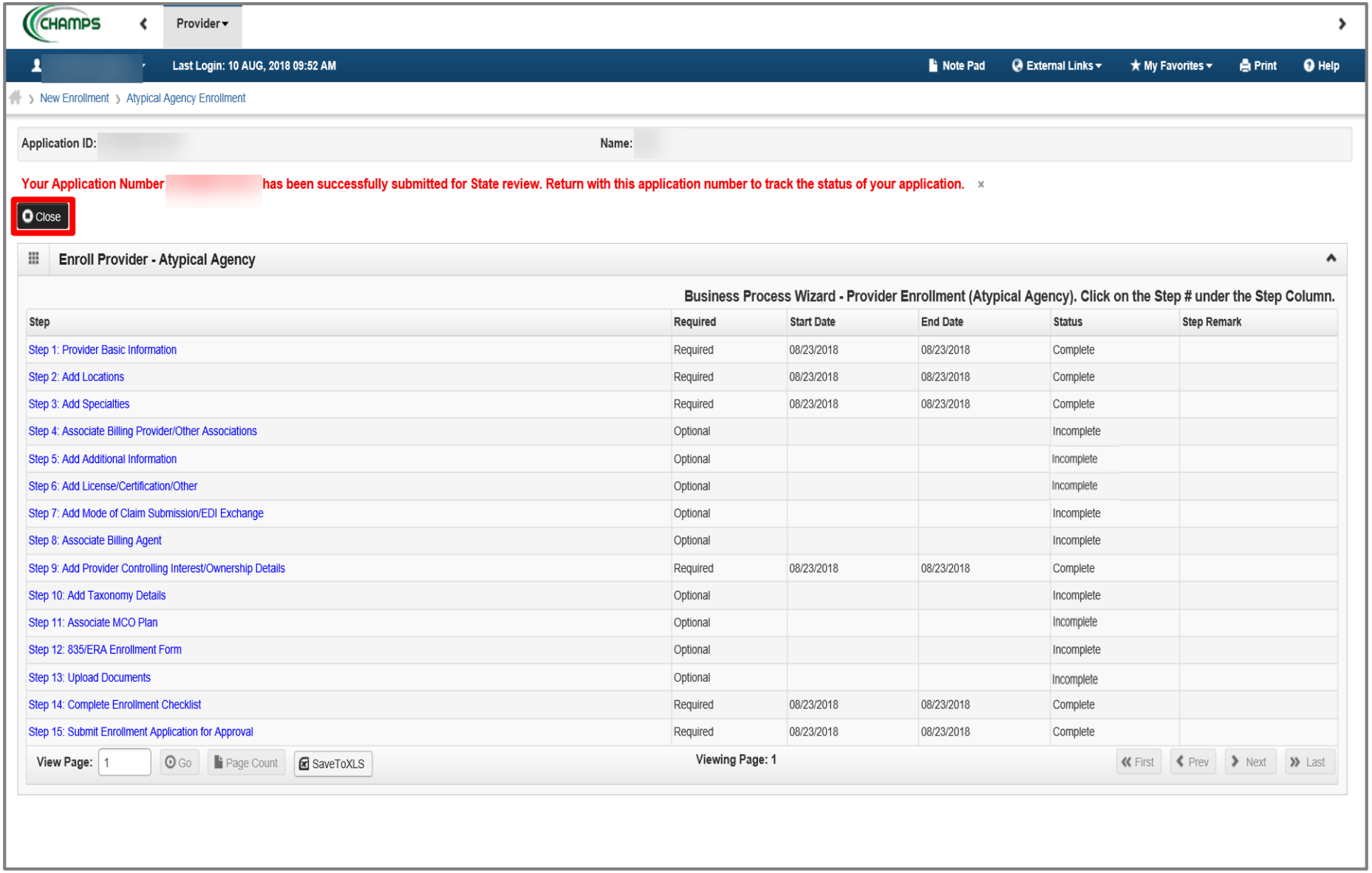
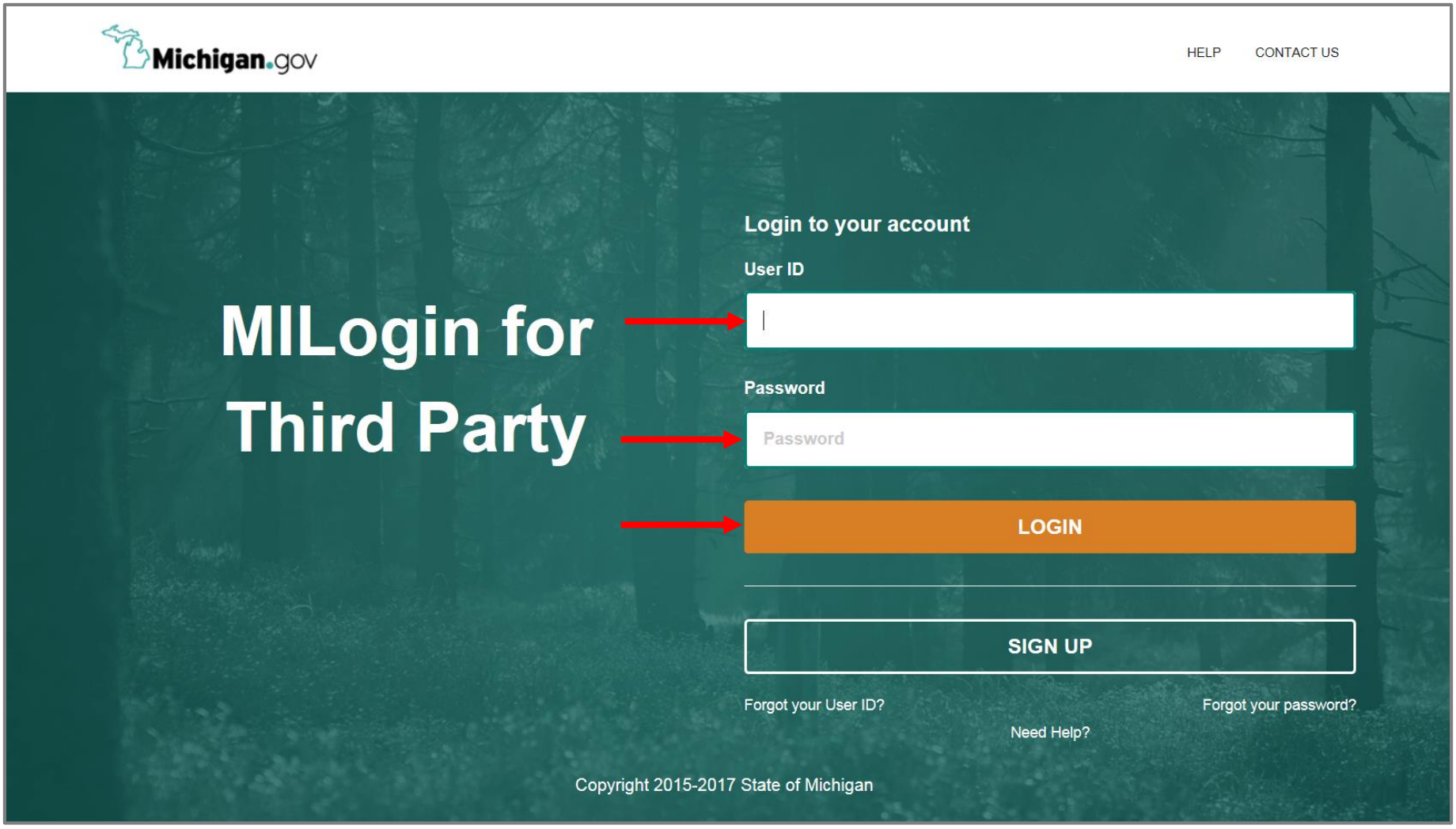


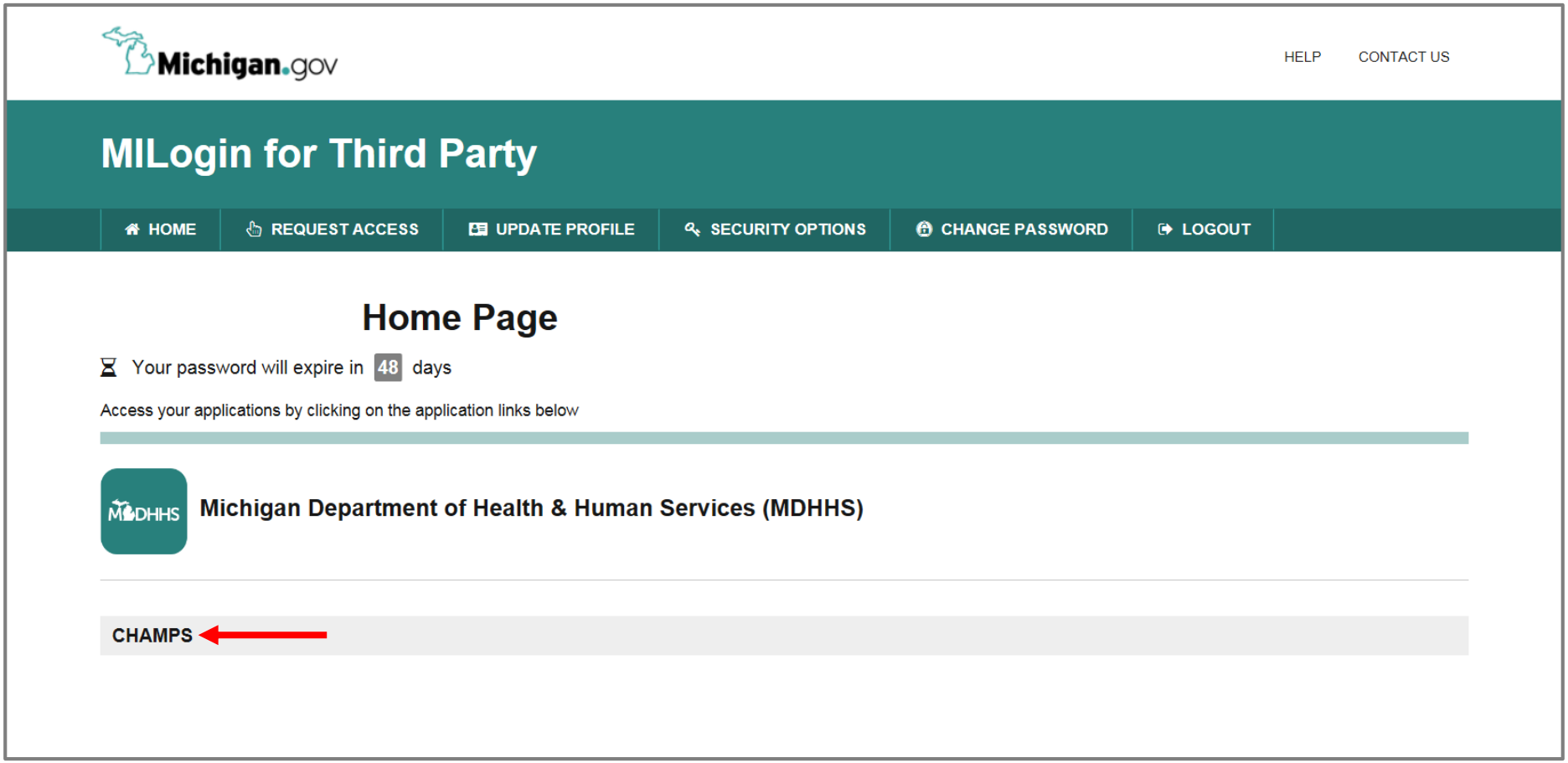
- If you have not taken note of your **Application Number,** please do so for tracking purposes.
- Click **Close** and close out of the application**.**

Tracking Your Application

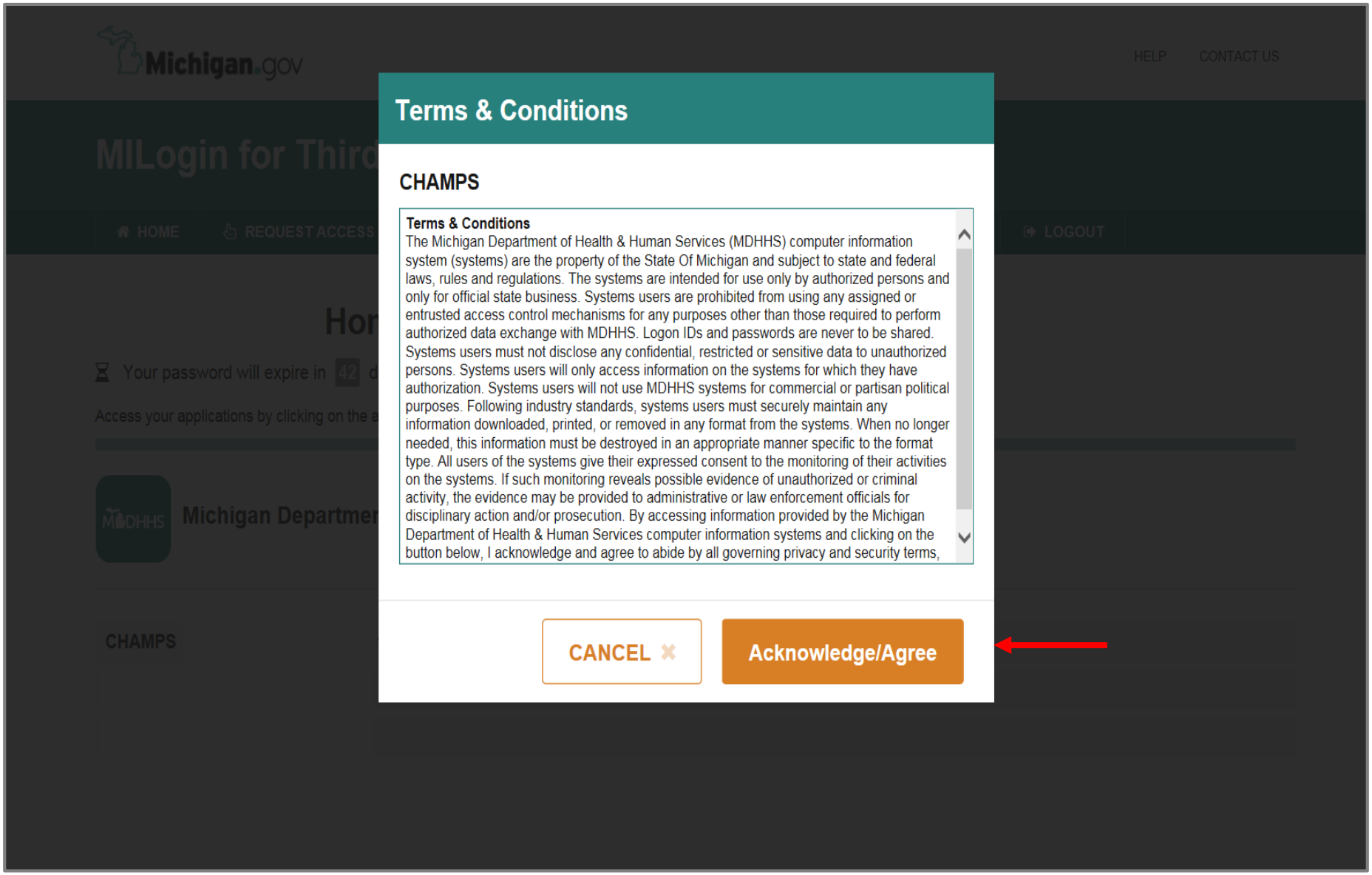
How to Track the Status of Your Application



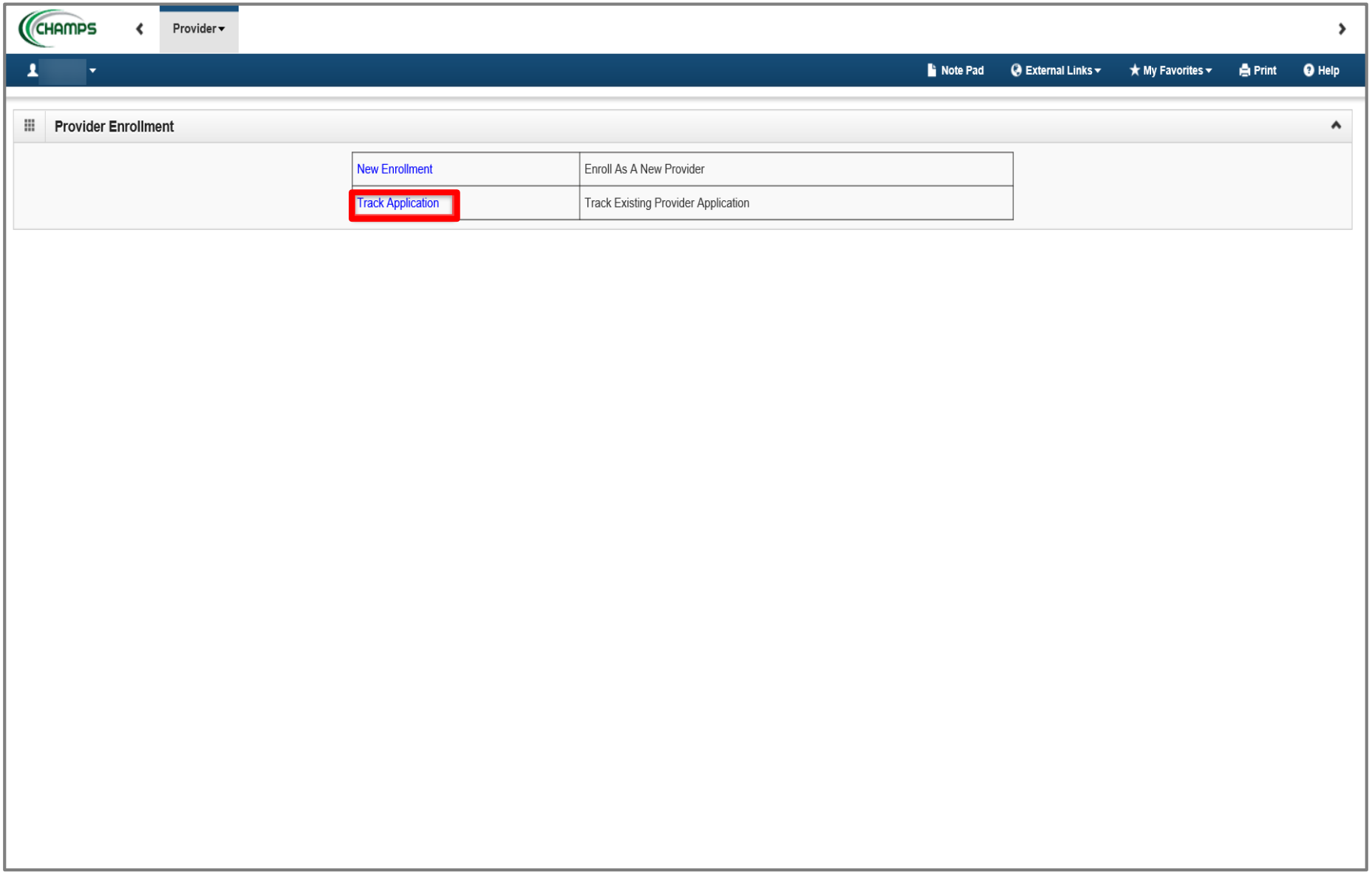
- Enter your User ID and Password you just created
- Click **Login**



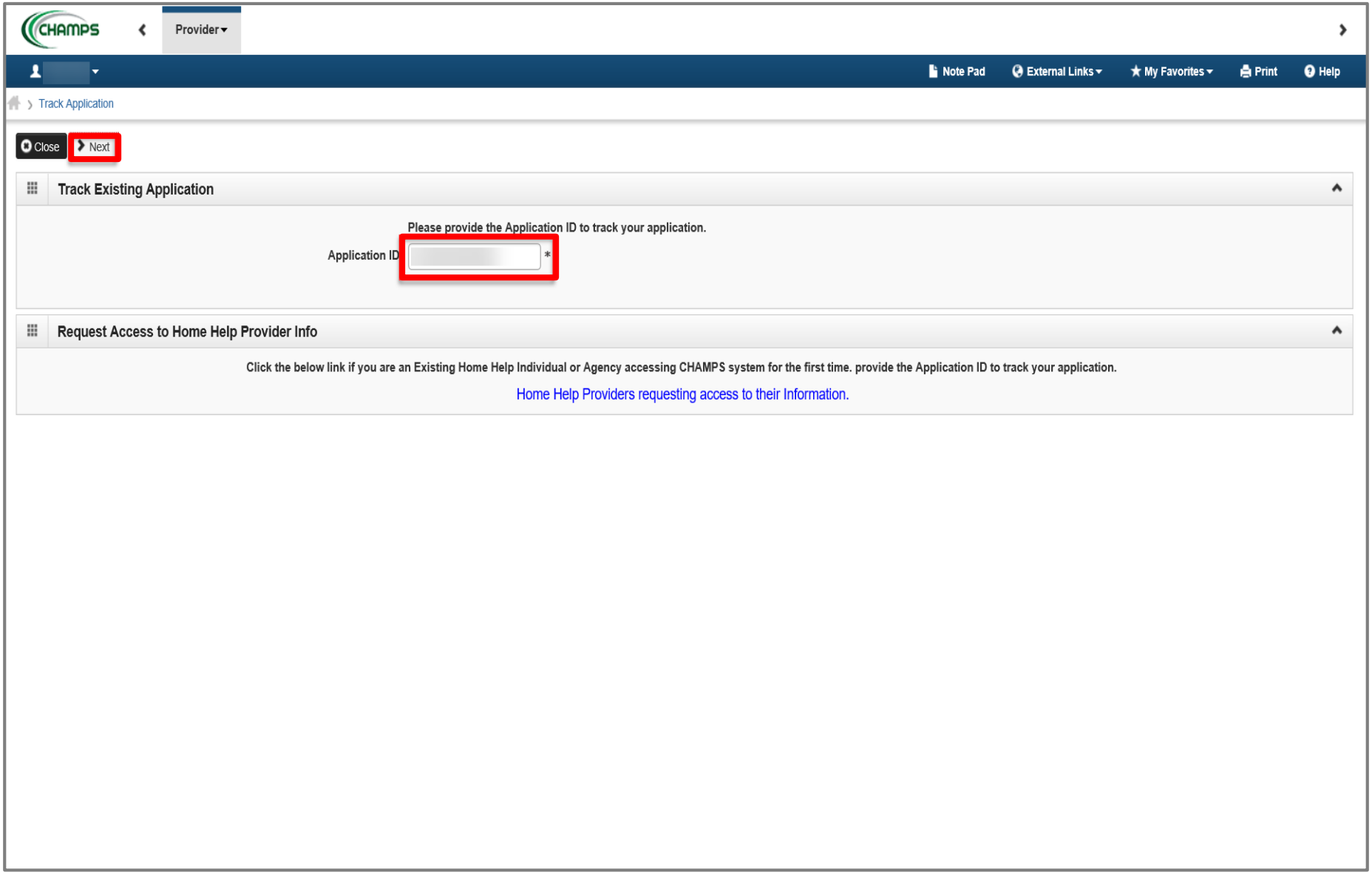
- You will be directed back to your MILogin Home Page
- Click the **CHAMPS** hyperlink



- Click **Acknowledge/Agree** button to accept the Terms & Conditions to get into CHAMPS



- If you would like to check the status of your application, you can do so from the CHAMPS homepage:
- On the homepage, click the Track Application hyperlink.



- Enter your **Application ID**.
- Click **Next.**

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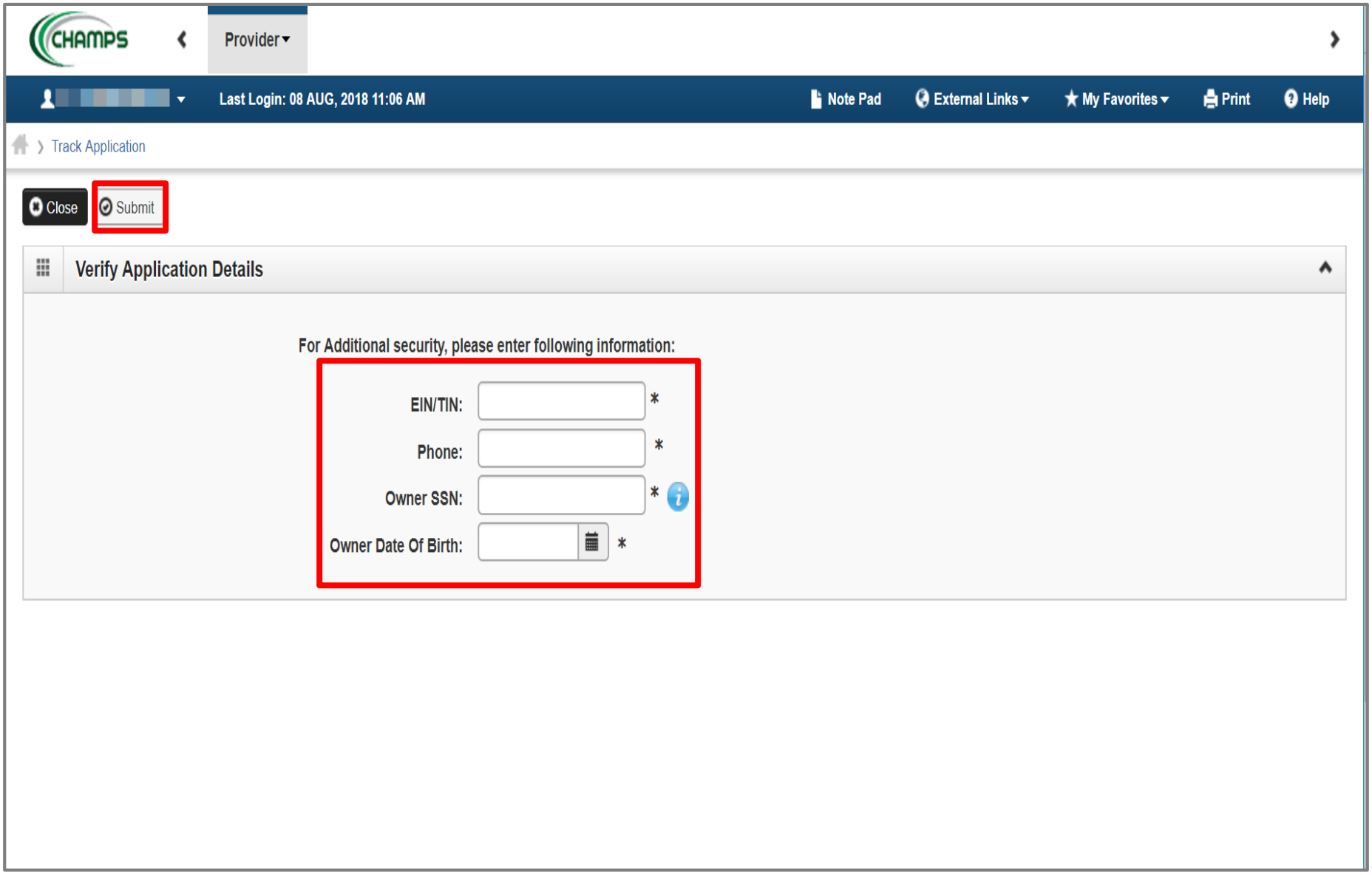
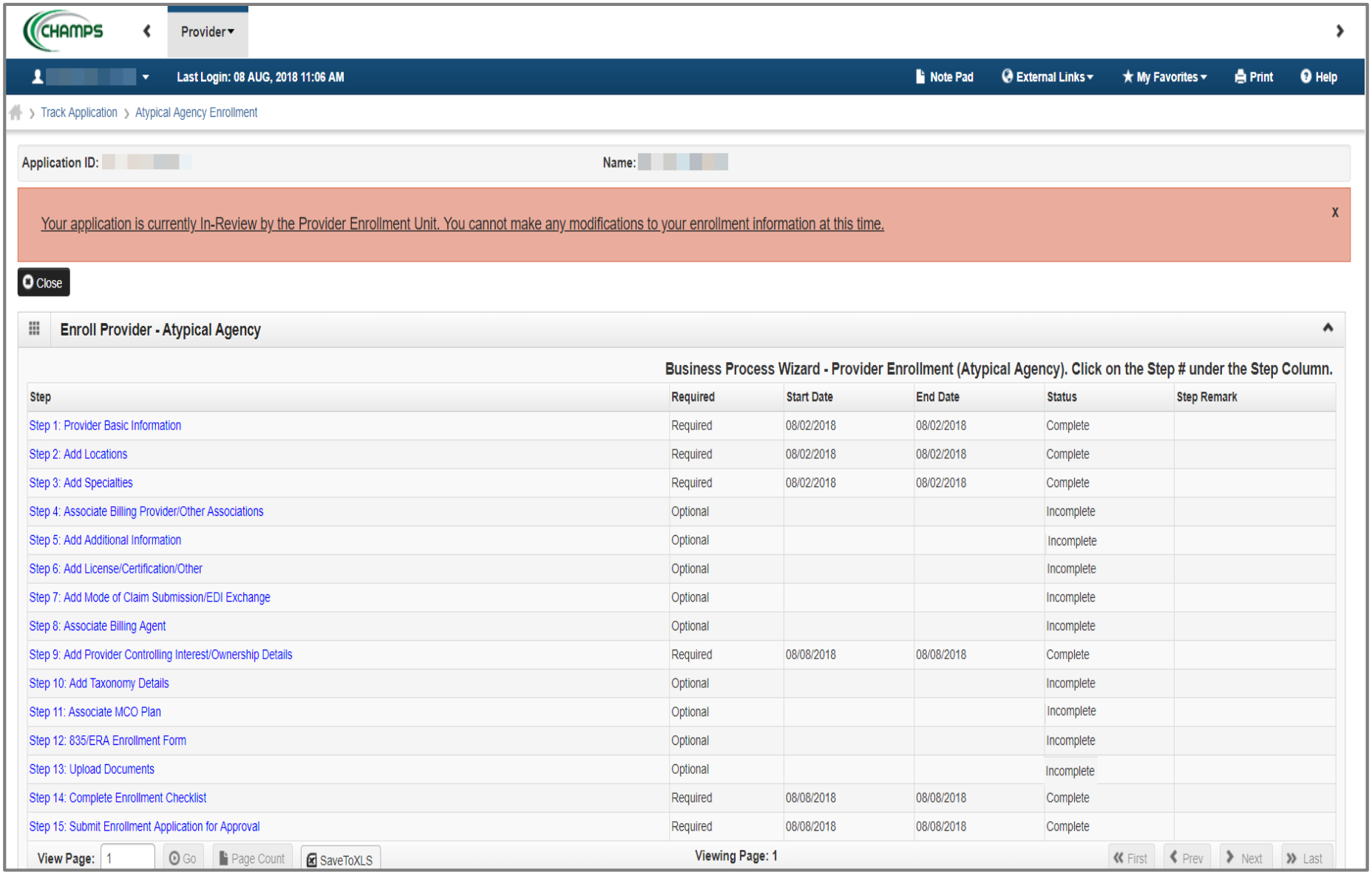


- Enter your EIN/TIN, Phone Number, Date of Birth, Social Security Number and Date of Birth.
- Click **Submit.**



- A text box at the top will confirm the status of your application. If you do not see this statement, you have not completed and submitted the application to the state for review. Please complete all required steps prior to submitting.

Application Approval

- Once the application is completed in CHAMPS, Agencies will have additional documentation to submit prior to receiving an approval letter.
  - Providers will receive an email detailing the documentation needed. The email will go to the email address provided in your application.
- Once approved, Agencies will receive a confirmation letter. The confirmation letter will go to the Correspondence Address provided in your application.
- For additional resources, please refer to our website www.Michigan.gov/homehelp

Provider Resources

- Home Help Provider Support Hotline
  1-800-979-4662

- Home Help Provider Support Email:
  ProviderSupport@Michigan.gov

- Home Help Website
  www.Michigan.gov/HomeHelp